

Group Prenatal Care

Advancing Diagnostic Excellence In Maternal Health Care: A Workshop SESSION THREE: STRATEGIES TO IMPROVE DIAGNOSIS IN MATERNAL HEALTH CARE

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- Renamed “Engaging Mothers and Babies – Reimagining Antenatal Care for Everyone” (EMBRACE) by the Fresno community

Outline

1. What is group prenatal care?
2. What is the evidence of its effectiveness?
3. EMBRACE comparative effectiveness study

What is GPNC?

- Prenatal care provided concurrently for a group of pregnant people with a similar due date and/or shared characteristics
- One of the most popular models of GPNC is Centering Pregnancy, first piloted in 1993
- Used in several models of care addressing SDOH (Glow!)



Evidence on GPNC and PTB

Ickovics et al. Obstet Gynecol. 2007 Aug;110:330-9.	RCT (n=1047) Preterm birth: Risk reduction of 33% (OR, 0.67; CI, 0.44–0.99), largest reduction in low-income Black participants (OR, 0.59; CI, 0.38–0.92)
Catling CJ et al. Cochrane Database Syst Rev. 2015 (2):Cd007622.	Cochrane review that included 4 RCTs (n=2,350); Preterm birth: no difference (RR, 0.75; 95% CI, 0.57–1.00) Other outcomes: no differences in low birth weight (RR, 0.92; 95% CI, 0.68–1.23), small for gestational age (RR, 0.92; 95% CI, 0.68–1.24), perinatal mortality (RR, 0.63; 95% CI, 0.32–1.25), breastfeeding initiation (RR, 1.08; 95% CI, 0.96–1.2)
Carter EB et al. Obstet Gynecol. 2016 ;128(3):551-61.	Meta-analysis of 10 observational studies and 4 RCTs; Preterm birth: no difference (RR, 0.87; 95% CI, 0.70–1.09), Other outcomes: no differences in low birth weight (RR, 0.92; 95% CI, 0.64–1.32), breastfeeding initiation (RR, 1.08; 95% CI, 0.99–1.17), or NICU admission (RR, 0.91; 95% CI, 0.68–1.23)
Crockett AH et al. Am J Obstet Gynecol. 2022 Dec;227(6):893.e1-893.e15.	RCT of N=2350; Preterm birth: no difference (OR, 1.22; 95% CI, 0.92-1.63) Other outcomes: no differences in low birth weight (RR, 1.08; 95% CI, 0.80-1.45). Increased participation in group prenatal care ➡ lower rates of preterm birth and low birthweight for Black participants

GPNC and Other Outcomes

<p>Buultjens M et al. Women Birth. 2021 Nov;34(6):e631-e642.</p>	<p>Systematic review of GPNC and maternal mental health involving 5 RCTs and 4 observational studies, n=1585. "Significant reductions in depressive symptoms were observed." Future research should involve larger well-designed studies using a validated scale that is comparable across diverse childbearing populations and clinical settings.</p>
<p>Olatunde A et al. Matern Child Health J. 2022 Jul;26(7):1559-1566.</p>	<p>No difference in contraceptive use versus other method use (aOR1.05, 95% CI 0.95-1.15) in a multivariable model controlling for demographic and clinical factors.</p>
<p>Liese, K et al, Melanated Group Midwifery Care: Centering the Voices of the Black Birthing Community. J Midwifery Womens Health. 2022, 67: 696-700.</p>	
<p>Ayers BL et al. Exploring the feasibility, acceptability, and preliminary effectiveness of a culturally adapted group prenatal program, CenteringPregnancy, to reduce maternal and infant health disparities among Marshallese Pacific Islanders: A study protocol. Contemp Clin Trials Commun. 2023 Apr 3;33:101127. doi: 10.1016/j.conctc.2023.101127. PMID: 37091509; PMCID: PMC10120290.</p>	


According to ACOG ...



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“Although evidence to support group prenatal care models still is emerging, studies appear to demonstrate high levels of patient satisfaction, obstetric outcomes equally efficacious as individual prenatal care, and improved outcomes for some populations. Further studies are needed to clarify the effect that group prenatal care may have on patients at higher risk of preterm delivery, including Black women, adolescents, and others.”

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The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG COMMITTEE OPINION

Number 731 • March 2018

Committee on Obstetric Practice
This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Obstetric Practice in collaboration with committee members Brigid K. McCut, MD, PhD; and Ann E. Borders, MD, MSc, MPH; and the American Academy of Family Physicians' liaison member Beth Choby, MD.

Group Prenatal Care

ABSTRACT: Individual prenatal care is intended to prevent poor perinatal outcomes and provide education to women throughout pregnancy, childbirth, and the postpartum period through a series of one-on-one encounters between a woman and her obstetrician or other obstetric care provider. Concerns regarding increasing health care costs, health care provider availability, dissatisfaction with wait times, and the minimal opportunity for education and support associated with the individual care model have given rise to interest in alternative models of prenatal care. One alternative model, group prenatal care, may be beneficial or preferred for some practice settings and patient populations, although individual prenatal care remains standard practice. Group prenatal care models are designed to improve patient education and include opportunities for social support while maintaining the risk screening and physical assessment of individual prenatal care. Bringing patients with similar needs together for health care encounters increases the time available for the educational component of the encounter, improves efficiency, and reduces repetition. Evidence suggests patients have better prenatal knowledge, feel more ready for labor and delivery, are more satisfied with care in prenatal care groups, and initiate breastfeeding more often. There is no evidence that suggests that group prenatal care causes harm. Individual and group care models warrant additional study with a goal of demonstrating differences in outcomes and identifying populations that benefit most from specific care models.

Recommendations and Conclusions
The American College of Obstetricians and Gynecologists makes the following recommendations and conclusions:

- Group prenatal care models are designed to improve patient education and include opportunities for social support while maintaining the risk screening and physical assessment of individual prenatal care.
- Studies appear to demonstrate high levels of patient satisfaction, obstetric outcomes equally efficacious as individual prenatal care, and improved outcomes for some populations.
- Specific group prenatal care models can be challenging to initiate and maintain. The cost of initiating a group prenatal care model in current obstetric practices may be a barrier to implementation.
- When participation in group prenatal care is offered, it should be provided as an alternative option to traditional prenatal care and not mandated. Individual and group care models warrant additional study with a goal of demonstrating differences in outcomes and identifying populations that benefit most from specific care models.

Introduction
Individual prenatal care is intended to prevent poor perinatal outcomes and provide education to women throughout pregnancy, childbirth, and the postpartum period through a series of one-on-one encounters between a woman and her obstetrician or other obstetric care provider. The American College of Obstetricians and Gynecologists recommends routine regularly scheduled visits that consist of objective assessments, testing, maternal support, and education (1, 2). Concerns regarding increasing health care costs, health care provider availability, dissatisfaction with wait times, and the minimal opportunity for education and support associated with the individual care model have given rise to interest in alternative models of prenatal care. One alternative

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Glow! Group Prenatal Care and Support



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Glow!

ENCOURAGING · EQUIPPING · EMPOWERING
Moms-to-Be in Fresno County



Prenatal Care



Peer Support



Psycho-Social
Support



Childcare
Activities



Community
Resource
Presentations



Food



Transportation
Stipends

Feasibility Study: Participants loved Glow!

“The program **makes me feel more accountable** about my pregnancy, my baby, and my nutrition.”

“It has been really great to be able to hear about the experiences of other moms and to be around people that are going through the same thing. **It feels like they just get it and I don't feel isolated.**”

“The material we cover helps us learn what we need to see, like mindfulness. **This isn't something that Black women normally talk about,** so it's helpful to have a space to discuss this topic that we aren't exposed to.”

“Glow! has helped me be more interactive in my pregnancy, **made me love my partner more,** and has affected relationships. It helps me to think about the things you need to be looking out for and what you should be taking care of.”

EMBRACE Study:

Comparative effectiveness of Glow! versus individual prenatal care with CPSP services

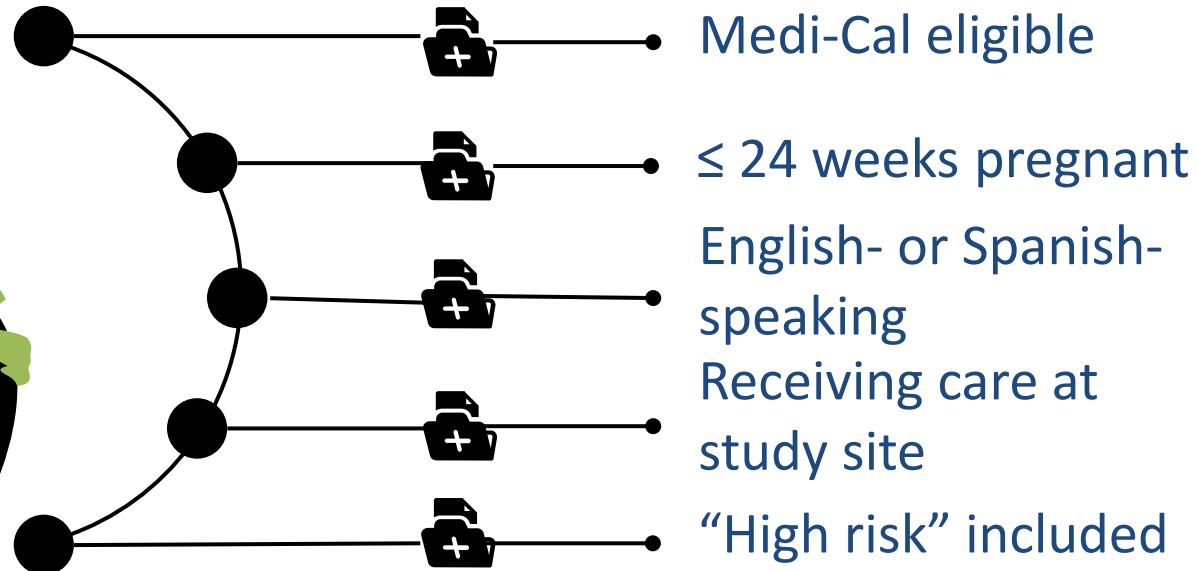
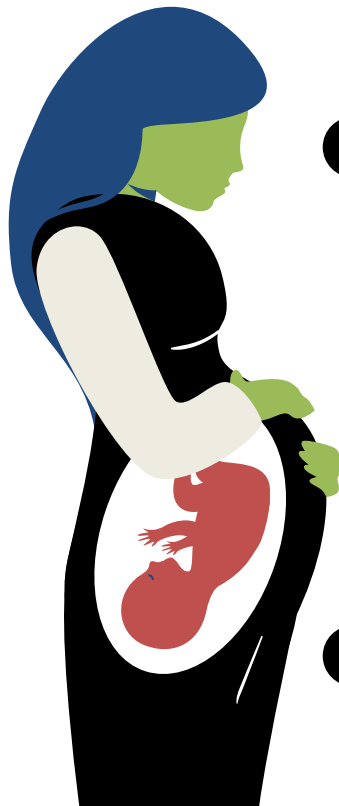
Quantitative				Qualitative
	Aim 1*	Aim 2*	Aim 3*	Aim 3b
Primary	Preterm birth	Depression	Perceptions of respectful and disrespectful care	Gain a nuanced understanding of experience of care, including racism and other forms of discrimination , among Black and Latinx participants
Secondary	Gestational age at birth	Anxiety	Satisfaction with prenatal care	

*Aims 1a, 2a, and 3a focus on these outcomes in Black and Latinx birthing people

EMBRACE Eligibility Criteria



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Demographics

Racial or ethnic group	N	%	N*
African American/Black	37	7	50
Asian/Pacific Islander	15	3	19
Latina/Latinx/ Latine/Hispanic	402	73	427
White	58	11	78
Bi- or multi-racial	30	5	
Other (incl NA/AI/AN)	6	1	18
Total	548		

Language	N	%
English	352	79
Spanish	94	21
Total	548	

Education	N	%
High school or less	321	59
Some college	175	32
College graduate+	51	9
Total	548	

* Includes bi- or multi-racial individuals who include this race/ethnicity as one with which they identify

Community Partner: First 5 Fresno County



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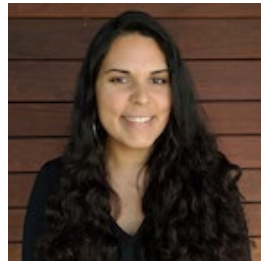
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Thank you!