



The All Our Babies Study

A community based project to determine if group prenatal care could better address health care providers' needs and women's needs during pregnancy. This project can inform investments in health service delivery to improve birth outcomes.

Why look at different ways of providing prenatal care?

Prenatal care is an opportunity to address risk for poor maternal and infant outcomes. Research in Calgary demonstrated that women with poor social support, poor mental health and poor networks were difficult to retain in prenatal care. Poor mental health increases the risk of poor birth and infant outcomes. Prenatal care that addresses social support and mental health may meet the needs of women and improve retention in prenatal care ultimately improving outcomes for mothers and infants. Centering Pregnancy, by virtue of bringing women together for care, may improve social support, mental health and retention in care.

Research with the Centering Pregnancy® Groups

In September 2008, group prenatal care began with physicians from the Maternity Care Clinic and prenatal educators from Alberta Health Services. As of March 2010, five groups have been completed and three are currently running. In June 2010, the last Centering Pregnancy® group from this project will finish. Average attendance at classes has been about 75%. Three physicians from the Maternity Care Clinic and four prenatal educators from Alberta Health Services have been involved in providing group prenatal care.

By the end of the project, 69 women will have completed Centering Pregnancy®. Some women drop out of group, and it is important to 'over-recruit' for ideal group size of 10-12 women. As Centering Pregnancy® and group care becomes more familiar, recruitment and retention may improve.

Women in the project completed 3 surveys; in early pregnancy, in late pregnancy and 4 months after their baby was born. These surveys collect information about their pregnancy, health, lifestyle, and new baby. This data collection will continue until October 2010, which will be 4 months after the birth of the last baby.

About Centering Pregnancy®

- Centering Pregnancy® is prenatal care in a supportive group setting.
- A physician and prenatal educator meet with a group of women whose babies are due near the same time.
- In these two-hour sessions, women receive both medical care and pregnancy related information.
- Groups meet once a month and then twice a month as women get closer to their due date (10 sessions in total).
- Women's partners or support people are also welcome to attend the groups.
- The sessions' topics include nutrition, exercise/relaxation, childbirth preparation, pregnancy problems, infant care/feeding, postpartum issues, contraception, communication & self-esteem, abuse, and parenting.

What Women Had to Say About Centering Pregnancy®

The All Our Babies Study conducted interviews with eight women who had participated in Centering Pregnancy® groups. Comments from these women help us understand what the experience was like for them and what it meant to them.

Women had many positive things to say about Centering Pregnancy®:

"It wasn't just a regular doctor's appointment. You got to know these people and you bond with them. You felt bad when they are ill and you're happy for them when, you know, they felt the baby kick for the first time."

"[The best part was] the time and having the class attached to it. So it was a set time, we knew it was scheduled...so it sort of streamlined it."

"Whereas if I were to just go to the doctor, I wouldn't think to ask about something that hasn't happened."

"When I came out I felt like I knew more than I would have if I just went to go see a doctor."

"It was nice that everything I needed was right there."

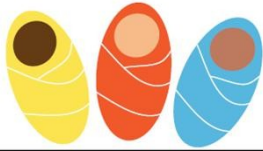
"It's nice to meet other women...getting out once a month...it's just like a social gathering, so that's one of the aspects that's very enjoyable. But also, I think it did prepare me for what I need to face."

"I feel supported, I feel that when I have questions I can have them answered."

"So I think it has also helped me and I think in a sense...to help us to take ownership of our own care."

"There is actually a very good balance of both practical information and also the emotional support...so I think anyone could benefit [from] at least some part of it."

"It helped me so much and gave me such confidence."



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Summarizing from all the women:

- They got practical, detailed information and explanations that were meaningful.
 - They learned from the physician, the educator, and other women in the group.
 - They developed relationships with other women and felt supported.
 - They shared their feeling and experiences with each other, gaining empathy, felt less isolated and more connected.
 - They developed a relationship with the physician.
 - They learned new skills and were more confident in themselves
 - The 2 hours for group was time well spent.
 - Some would not have taken prenatal classes otherwise.
 - They wanted more information on postpartum and baby care.
- They liked:
 - The consistency of the time for their group and the providers
 - The “class” as part of the medical care
 - Being seen early and by the same providers throughout
 - Streamlined/bundled care
 - Being able to ask any questions
 - Meeting other women
 - Having input into discussion topics
 - Gaining more than a doctor’s visit
 - The 3:30 to 5:30 time slot

What Providers Had to Say About Centering Pregnancy®

The All Our Babies Study conducted interviews with three physicians and three prenatal educators who provided care in the groups.

The physicians had many positive things to say about Centering Pregnancy®:

“This richness of quality of care surpassed my expectations.”

“Watching the women get to know one another and watching them sort of mentor each other stands out.”

“...just how rich the sense of the group is, and the connection and the depth of the information.”

“So, because you’re answering a question once instead of seventeen times a day, you probably are more likely to give a little more information.”

“Group was a really positive experience. It was very fun.”

“It seems, just watching these dads in labour, they seem much more of an active participant, and more confident in supporting their partner though the labour experience and I would expect that would carry on postpartum too.”

“And then when you have a better relationship, you feel like you’re providing better care because I think there’s less likely to be a hidden agenda or worries that the patient has that they don’t bring forward to you.”

Summarizing from the physicians:

- It was a better way to provide care.
- They got to know women better.
- They gave more detailed answers to questions.
- They enjoyed working with the prenatal educators and the team.
- They found it satisfying, fun and enjoyable to provide care in this way.

The educators had many positive things to say about Centering Pregnancy®:

“The opportunity that the women have to have more access to their caregiver [stands out most].”

“Providing the full package [stands out most].”

“Dads that already had kids provided information to the dads that were not parents yet.”

“It’s more of a question, more of discussion, rather than just giving the facts to them.”

“I think this provides women the opportunity to sort of tap into their own knowledge and I can just see them sort of growing as individuals.”

“We see transformations that are absolutely amazing.”

“It’s a really nice way of bridging the gap between health care providers and it provides that continuity of care that I think women really need more than any other time in their lives.”

Summarizing from the educators:

- They felt like this model of care helped to bridge the gaps in the health care system.
- They felt women were getting all the information they needed in one place.
- They saw transformations in the women.
- Women got more time with their providers.
- They enjoyed working with the physicians.

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Summary of Evaluations from Women in Centering Pregnancy®

At session 6 and session 10, women are asked to complete an evaluation form. The evaluations are part of the program model, and women are not required to fill them out. To date, 29 women completed the evaluation at the sixth session and 12 women completed the final evaluation.

Of the women who completed the evaluations:

- 100% enjoyed being with the other pregnant women in this group
- 93% liked the organization of their prenatal care in a group setting
- 93% felt they learned a lot about prenatal care during the sessions
- 92% felt they had time to get to know other women
- 92% thought it was important to get together as a group once or twice after delivery
- 83% of women were planning to keep in contact with someone from the group

Written Comments from the Women

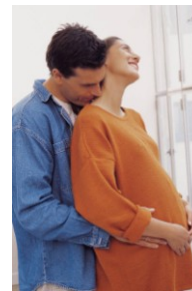
"I liked getting to know the doctors well and that personal connection meant a lot to me."

"I like Dr. [Name] a lot and [Name]. It's fun talking to other ladies in the group. I can ask the questions which concern me."

"I gained a neat perspective from the other woman in class—from the new mothers and one with children already."

"The birth section we are currently covering makes me see that others have similar feelings."

"The doctors are approachable."



Research with the Observational Cohort

The Observational Cohort was developed to compare outcomes between women who participated in Centering Pregnancy® groups and those who receive care in the community. The study recruited 1669 to the Observational Cohort, and 86% continued with the study (1428 women). Women were recruited in several different ways (from local maternity clinics, from women accessing Calgary Laboratory Services, posters in the community, and word of mouth).

Women in the Observational Cohort complete the same three surveys as the women in the Centering Pregnancy® groups. Of the women who participated, 68% have completed the study and we are still collecting data from 32% of the women. We will continue to collect data from these women until about July 2010. We will use the information gathered from these women and the women who participated in group prenatal care to determine if Centering Pregnancy® improves social support, stress, anxiety and mental health during pregnancy, and if it influences breastfeeding, parenting morale, and postpartum depression.

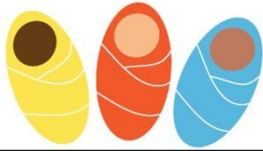
What Other Studies Have Found

Results from four studies on Centering Pregnancy® show promising results. In a randomized controlled trial (the strongest study design), women in Centering Pregnancy®, compared to standard one-on-one prenatal care, had:

- decreased preterm delivery rates (9.8% vs. 13.9%),
- higher rates of breastfeeding initiation (66.5% vs. 54.6%),
- improved prenatal knowledge,
- improved readiness for delivery, and
- improved satisfaction with care.¹

Also, the study found no differences in cost for prenatal care and delivery.

¹Ickovics JR, Kershaw TS, Magriples MD, et al. Group Prenatal Care Reduces Preterm Birth: Results from a Multi-site Randomized Controlled Trial. *Obstet Gynecol.* 2007;110:330-339.



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Key Learnings

- Centering Pregnancy was well received by physicians, educators and women.
- Not everything that matters can be easily measured, and absence of evidence is not evidence of absence. Centering Pregnancy® may influence the quality of a women's experience and her pregnancy and parenting outcomes through changes in self worth, autonomy, network orientation, social support and empowerment. These changes may then allow women to make better decisions for their infant and themselves, beginning in pregnancy. More research is warranted.

Process:

- It takes time and commitment to start a new program and research it.
- Plan for changes in staff, site and leadership.
- Develop and implement communication strategies that work for all key stakeholders.
- Develop and implement evaluation strategies.
- Keep the long term objective in mind!

Centering Pregnancy® Providers:

- Developing facilitation skills takes time and practice. The Centering Pregnancy training is incredibly valuable.
- Developing methods for coordinated delivery of medical care and education takes collaboration and persistence. The first prenatal visit and the first group are the most challenging.
- Everyone in the health care setting benefits from learning about the project and care model.
- Communication among and between providers and staff is critical.
- It takes time for a 'new model' to be adopted... so realize that some women, and providers, will be reluctant. This will change over time as the 'new model' is normalized.

A Bit of History

The Northeast Calgary Women's Clinic ran four Centering Pregnancy® pilot groups from January 2008 to October 2008, and the All Our Babies Study collected data from these pilot groups. These pilot groups enabled the study to develop processes for recruitment and data collection and secure space while allowing the physicians and prenatal educators to acquire training and develop processes for running the groups.

Other Exciting News

- Some women have contacted the study asking to have group prenatal care based on what they've heard from other people about it.
- Patti Lenstra, a Calgary midwife, is implementing Centering Pregnancy® in her practice.
- The University of Calgary Medical Clinic (Foothills) is looking at implementing Centering Pregnancy® and involving residents from the University of Calgary family residency training program.
- Physicians in St. Albert are interested in implementing Centering Pregnancy® in their practice.
- Centering Pregnancy® is being piloted in some Aboriginal communities with funding from First Nations and Inuit Health Branch.

The All Our Babies Study would like to thank the following partners and supporters:



Maternity Care Clinic



CenteringPregnancy®



UNIVERSITY OF CALGARY



Alberta Health Services



PreHOT
Preterm Birth and Health Outcomes Team

We would specifically like to thank those providers involved in delivering group prenatal care: Dr. Allison Chapman, Dr. Niki Panich, Dr. Leah Dettman, Deborah Corscadden, Candace Taperek, Angelica Lobos-Taylor, and Sharon Hooge.

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Questions?

If you have questions about this study, please contact Dr. Suzanne Tough, principal investigator, at 403-955-2272 or suzanne.tough@albertahealthservices.ca.