Addressing the Problem of Preterm Birth in the Methodist Health System

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CENTERING: a model for group health care

CenteringPregnancy®

CenteringParenting®
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Model developed by Sharon Schindler Rising, CNM, MSN
Piloted in 1993
Rising published experience and outcomes in 1998
Centering Healthcare Institute 2006
Centering Pregnancy

Group Structure

- 10-12 women and partners
- Similar gestational age
- Structured visits (8-10)
- Emphasis on self-care
- Individual time with provider followed by group time for facilitated discussion (90-120 min)
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Content of Prenatal Care:
- Early and continual risk assessment
- Education and health promotion
- Medical and psychosocial intervention
- Support
- Follow up
- Provided in timely manner with universal access
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Provider benefits:

- Spend greater amount of time with patients
- Greater time for education, dialogue
- Patients have greater overall social support
- Increased satisfaction with delivery of care

Ickovics. Obst Gynecol, 2003
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- Administrative benefits
  - Efficient use of provider time
  - Efficient use of space
  - Efficient use of provider resources

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Patient Benefits:

- Increased satisfaction with prenatal care
- Increased readiness for birth and parenting
- Increased time with provider
- Spend time with women of similar gestational age

Ickovics. Obst Gynecol, 2003
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Impact on Perinatal Outcomes

- Decreased rates of pre-term birth (33%)
- Increased birth weights
- Increased rates of breast feeding
- Adherence to prenatal care visits

Ickovics. Obst Gynecol, 2003
Medical Education

- Addresses the core competencies of the ACGME
- Improves continuity of care in residency clinics
- Improves resident satisfaction with delivery of care