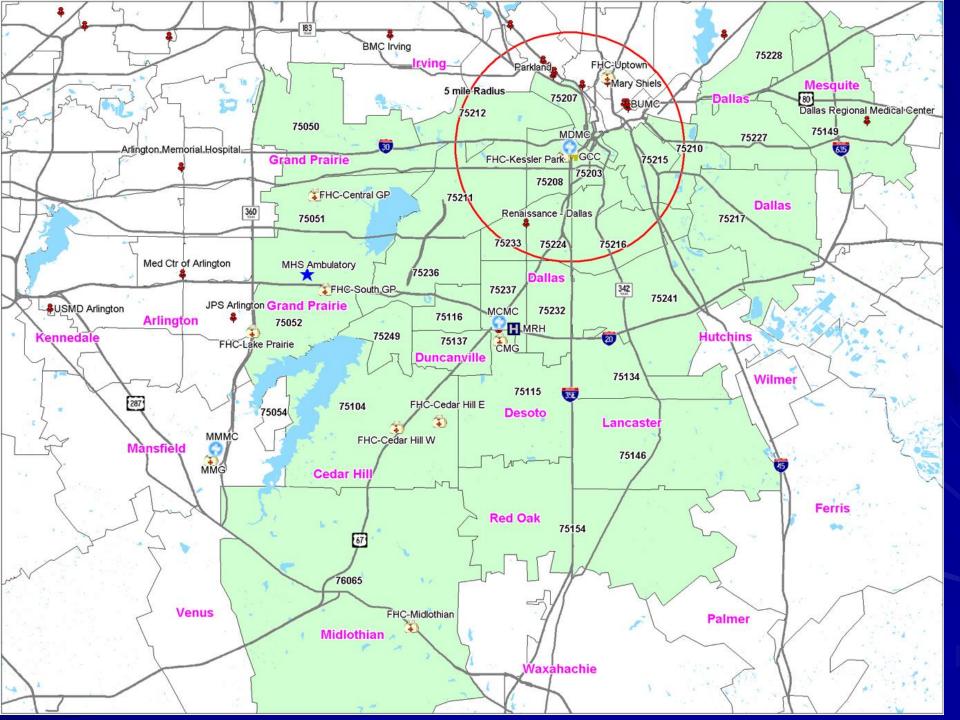
Addressing the Problem of Preterm Birth in the Methodist Health System

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March Dimes

Saving babies, together















CENTERING: a model for group health

care

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CenteringPregnanc



CenteringParenting

®

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

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)

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

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

Administrative benefits

- Efficient use of provider time
- Efficient use of space
- Efficient use of provider resources

Baldwin. J Midwifery Womens Health, 2006

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

- 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









