



Greenville Health System's CenteringPregnancy program facilitates discussions in a group setting to help patients become more informed, confident, and empowered to make healthier choices.

## Overview

South Carolina suffers from a high rate of preterm birth, with 11.1 percent of women delivering prior to 37 weeks gestational age (according to the March of Dimes 2016 prematurity report card for South Carolina). If South Carolina were its own country, it would tie Madagascar for the 18th highest rate of preterm birth, higher than Bangladesh, Sudan and Iran. Infants born preterm are at risk for lifelong neurosensory and neurocognitive disabilities. There is also a racial disparity in rates of prematurity, with 14.1 percent of African-American women in South Carolina delivering preterm.

To address these issues, Greenville Health System (GHS) partnered with the March of Dimes and the South Carolina Department of Health and Human Services (SCHHS) to start implementing CenteringPregnancy (CP) group prenatal care at GHS

and across the state. CP, developed by the Centering Healthcare Institute, is comprehensive prenatal care in a group with other women who are due in the same month. CP empowers patients, strengthens patient-provider relationships, and builds communities through three main components:

- **Health assessment** – Both provider and patient are involved in the health assessment. Patients receive one-on-one time with their provider and learn to take some of their own assessments. This engages them in their own self-care and care of their child.
- **Interactive learning** – Engaging activities and facilitated discussions help patients to be more informed, confident, and empowered to make healthier choices for themselves, their children, and their families.

- **Community building** – One person’s question is another one’s question. Patients quickly find comfort in knowing they are not alone. Participation in group care lessens the feelings of isolation and stress while building friendships, community, and support systems.

Research shows that CP patients are less likely to have preterm births compared with patients in individual care. Participants also indicate a better patient experience. With funding from the March of Dimes and SCHHS, GHS has trained 596 people in CenteringPregnancy facilitation at 24 practices across the state, including 83 physicians, 54 nurse practitioners/nurse midwives, 36 administrators, and more than 200 students and residents. Enhanced reimbursements from South Carolina Medicaid and Blue Cross and Blue Shield of South Carolina help with sustainable funding. Patients have embraced CP. More than 5,600 women have participated since the state started the project, with new groups meeting every day.

## Impact

The rate of preterm birth for all CP participants is 8.6 percent; for African-American women, the preterm birth rate is 8.3 percent. These rates are substantially lower than similar women in traditional, individual care. South Carolina program leaders expect that more than 2,000 women will participate in CP annually, representing 6 percent of Medicaid-eligible births in South Carolina.

Initial outcomes show decreased rates of preterm births, fewer low birthweight infants, decreased racial disparities in preterm births, and fewer admissions to the neonatal intensive

care unit (NICU). Using risk-reduction calculations published by South Carolina Medicaid researchers, South Carolina program leaders estimate that, for the 5,600 women in CP across the state, CP has prevented 254 low birthweight births, 224 premature babies, and 187 babies admitted to the NICU. In addition, the savings from avoided NICU admissions alone totals more than \$17 million.

## Lessons Learned

CP is a paradigm shift in prenatal care and effectively addresses the complex social determinants of health that low-income women face. It empowers women, connects them to each other, and fosters their strengths. By preventing preterm births, it makes a lasting contribution not only to individual families but also to the future health and productivity of the next generation. Improving birth outcomes impacts the entire life course and is a particularly powerful tool to mitigate racial disparities in health, education, and employment.


## Future Goals

Based on outcomes, future goals include continuing to expand the model across South Carolina with the support of funding and implementation partners.

### CONTACT

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