Mothers-to-be and babies benefit from group prenatal care, study finds

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Group prenatal care can substantially improve health outcomes for both mothers and their infants, a new study led by the Yale School of Public Health has found.

The paper was published online Dec. 21 in *The American Journal of Public Health*.

Women who received group—rather than individual—prenatal care were 33% less likely to have infants who were small for gestational age. In addition, group-care recipients had reduced risk for preterm delivery and low birthweight. Babies born to these women also spent fewer days in the neonatal intensive care unit. In addition, mothers with more group

prenatal care visits were less likely to become pregnant again quickly after giving birth, an important outcome known as "birth spacing" that reduces the risk of having another baby at risk for preterm delivery.

"Few clinical interventions have had an impact on birth outcomes," said Professor Jeannette R. Ickovics, the study's lead author. "Group prenatal care is related to improved health outcomes for mothers and babies, without adding risk. If scaled nationally, group prenatal care could lead to significant improvements in birth outcomes, health disparities, and healthcare costs," she added.

The research team conducted a randomized controlled trial in 14 health centers in New York City, and compared the birth outcomes of women who received CenteringPregnancy Plus group prenatal care to those who received traditional individual care. The more than 1,000 women in the study were placed in groups of 8 to 12 women at the same gestational point in their pregnancy, and were cared for by a clinician and a medical assistant. The study found that the higher the number of group visits attended, the lower the rates of adverse birth outcomes.

CenteringPregnancy group prenatal care includes the same components as individual visits, but all care (with the exception of matters that require privacy) take place in a group setting. Group visits build in additional time for education, skill building, and the opportunity to discuss and learn from the experience of peers, as well as more face-time with caregivers, say the researchers.

Despite the opportunity for frequent visits, many mothers in at-risk, such as adolescents or those from low-income areas, still experience a high rate of negative birth outcomes. The study focused on adolescent women, ages 14 to 21, in disadvantaged areas, with no other known health risks to their pregnancies.

Going forward, researchers said, they need to identify the reasons why group sessions yielded better outcomes, whether it is the additional time for education, the built-in social support, or other factors.

Additional studies are also needed to understand what influences patients to stick to group care session schedules, and to analyze cost-effectiveness, the researchers said. Future studies could also reveal whether the positive results from this study indicate that the group care model could be broadened to include other types of patients. Ickovics and colleagues are currently working with United Health Foundation and UnitedHealth Group, and collaborators at Vanderbilt University and the Detroit Medical Center/Wayne State University to address many of these issues and to identify factors that could impact efforts to scale up and sustainability with a new model of group prenatal care, called Expect With Me.

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