

**INDIANA STATE DEPARTMENT OF HEALTH  
MATERNAL AND CHILD HEALTH DIVISION**

**Appendix G  
Group Prenatal Care  
Service Standard**

**Program Description:**

Group prenatal care is an evidence-based innovation that has been nationally recognized by leading healthcare experts because of the improved outcomes for important maternal child health factors including: preterm birth weights, low birth weight rates, small for gestational age, breastfeeding rates, and immunization rates. It is a multifaceted model of group care that integrates the three major components of care: health assessment, education, and support, into a unified program within a group setting. Group prenatal care promotes greater patient engagement, personal empowerment and community-building. For more information on two examples of evidence-based group prenatal care models, *Centering Pregnancy* and *Expect With Me*, go to: <https://www.centeringhealthcare.org/what-we-do/centering-pregnancy> and <https://www.expectwithme.org/>

**Provider/Staff Qualifications**

The change from individual care to group care involves every part of prenatal care practice. A competent staff and buy-in from every member of the team is vital to the success of a group care model.

*Facilitative Leadership* spreads the functions of leadership throughout the group and encourages all members to share in that responsibility. It takes the leader out of the role of the position of being a teacher and into the role of being a listener, carefully holding the group conversation to benefit the group members. The group facilitator may be provided by any clinician credentialed to provide care to pregnant women. These include midwives, OB-GYN physicians, family medicine physicians, and nurse practitioners.

**Outreach**

Outreach to pregnant women to engage in group prenatal care is a priority as Indiana seeks to reduce infant mortality and morbidity rates. Partnerships with local agencies that can publicize your program and refer patients will increase outreach potential and are necessary for success. Other outreach activities include marketing and attendance at local events where pregnant families may be are also vital to the program's achieving maximum potential.

A minimum of one outreach activity is required quarterly.

**Required Components of Service or Program**

Components of implementing group care include: implementing support for system change, training in group facilitation and group care, site approval for model fidelity (as appropriate) and quality assurance, practice management and support tools including data collection and reporting, and curriculum materials and supplies that support providers and patients.

Successful applicants will demonstrate readiness to adapt a group prenatal care model, and work with the evidence-based model owner and ISDH to attain site approval by the end of the 2-year grant cycle. Expenses for travel to required trainings are allowable and may be included in the proposal budget. The general timeline for implementing evidence-based group prenatal care into a new site is as follows:

**Implementation Plan Timeline**

Start-Up	Months 1-3
Training	Month 5
Groups Start	Month 6-8
Site Approval	Month 16-24
Sustained Practice	24 Months+
Advanced Facilitation Training	24 Months+

*Eligible Population*

Eligible participants for group prenatal care are pregnant women residing in Indiana. There is no age or income eligibility requirement. Successful applicants shall make concerted efforts to recruit disparate and minority populations in areas with high rates of infant mortality and morbidity.

*Enrollment*

Physician offices and community health care centers that are engaged in group prenatal care often report difficulty with recruitment into group prenatal care because traditional prenatal care practices are perceived by patients as best-practice. Therefore, it is highly encouraged that patients be presented with group prenatal care as the standard practice with traditional services offered only if the patient chooses to “opt-out” of group care so that the evidence-based best practice of group care is standard.

*Process*

Based on the population size of the practice, one or more groups should be scheduled to begin each month for women whose deliveries are due in the same month. Typically, 8-12 women with similar due dates are scheduled for group times available. Attention should be paid to scheduling groups at a convenient time for the mothers, including late afternoons, early evenings, or Saturdays.

Each participant will have the usual intake into prenatal care with history, physical exam, labs, and ultrasound as indicated, and an individual chart will be generated. Groups start between 12 – 16 weeks gestation and are scheduled every four weeks for four sessions and every two weeks for 6 sessions. The 10<sup>th</sup> (last) sessions should be planned before women are likely to deliver. A reunion is scheduled 1 – 2 months postpartum. Plan this visit to include some individual assessment time, so that it may be counted as a woman’s postpartum visit.

Prenatal patients meet with their care provider and other group participants for an extended period of time, usually 90-120 minutes, at regularly scheduled visits over the course of their care. The practitioner, within the group space, completes standard physical health assessment.

Participants engage in their care by taking their own weight and blood pressure and recording their own health data with private time with their provider for belly checks.

After health assessments are complete, the provider and support staff facilitate group discussion and interactive activities designed to address important and timely health topics while offering opportunities for patients to discuss what is important to the group. Group prenatal care models include materials that help moms and providers ensure that everything from nutrition, common discomforts, stress management, labor and delivery, breastfeeding, and infant care are covered in group. In general, each session includes:

- 30 – 40 minutes of check-in and individual assessments with the provider
- 60 – 75 minutes of formal group facilitated discussion
- Informal time for socializing during assessment and break
- Closing and follow-up as needed

Billing for group prenatal care follows the same process as individual care. Funds available through this opportunity are not meant to supplant standard reimbursement channels for prenatal care (i.e. private insurance, Medicaid, etc.). Enhanced reimbursement through many of the standard reimbursement channels is available for the educational component of a group care model and should also be pursued. Additional billing codes through the standard reimbursement channels may also be used as appropriate and allowed for depression screening, contraceptive counseling, weight management, smoking cessation, lactation counseling, etc.

#### **Data Collection Methods/Reporting:**

Providers are required to implement a standardized process for data collection that meets the requirements for data reporting.

Providers are required to report, quarterly on specific performance criteria, as well as participate in a rigorous and continuous quality improvement process.

Providers are required to track and report on the following objective efficiency measures every three months:

- Unduplicated number of service recipients served for each program year.
- Total number of hours provided to participants.
- Geographical areas in which the sub-recipient has provided services.
- Total number of all service recipients who complete the program(s).

Providers will report on outcomes and benchmarks for group prenatal sessions as required by model owners and will share all reports with ISDH MCH.

Data will be submitted in a timely manner and as required by the program model.

Grantee will utilize data systems as required by model owner and ISDH MCH reporting to:

- Record participant engagement and retention
- Report prenatal assessment indicators
- Enter demographics

- Enter hand-written comments and success stories
- Track birth outcomes
- Document pathway to practice sustainability for group prenatal care

### **Quality Assurance**

Quality assurance for job performance is essential and performance statistics must be communicated to ISDH and as required by model owners.

### **Expected Outcomes**

The primary goal of group prenatal care is to reduce infant mortality and morbidity rates in Indiana and to optimize the health of new mothers and their families.

Linking group prenatal care to reduction of Indiana infant mortality and morbidity is the key aim of the MCH Division. Therefore, it is important to note goals that ISDH MCH has set for itself so that grantees can get a sense of the larger aim:

- Decrease the infant 2016 mortality rate to 6.7% by 2020.
- Increase the percent of pregnant women that receive prenatal care in the first trimester to 67.9% by 2020.
- Decrease the percent of women who smoke during pregnancy to less than 10% by 2020
- Increase the number of women who quit smoking while pregnant that remain nicotine-free at six months postpartum
- Decrease the percent of children who live in households where someone smokes to less than 20% by 2020
- Decrease the percent of cesarean deliveries among low-risk births to 21.8% by 2020.
- Increase the percentage of infants who are ever breastfed to the Healthy People 2020 goal of 81.9%.
- Increase the percentage of infants breastfed exclusively at 6 months to the Healthy People 2020 goal of 25.5%
- Decrease the percent of infants born with Neonatal Abstinence Syndrome to 9.5% by 2020.
- Attainment of

Providers are required to track progress towards objective performance measures that will be developed for all providers, potential measures include:

- Measure 1: 60% or greater percent of all pregnant women receiving care within the practice to be engaged in group prenatal care
- Measure 2: At least 75% of all enrolled program participants will remain in the program until the delivery
- Measure 3: At least 75% of program participants that remain in the program until the delivery will return for the final postpartum appointment