

POSITION STATEMENT

Models of Group Prenatal Care

The American College of Nurse-Midwives (ACNM) affirms the following:

- Group prenatal care offers an evidence-based model of care that improves health outcomes for childbearing persons and their infants.
- Group parenting care offers a parent-centered approach to care, with a focus on the parent-child relationship in the context of family, culture, and community.
- Models of group prenatal and parenting care include health assessments and interactive education that are congruent with the philosophy of ACNM and promote an optimal relationship between health care providers and those seeking care and their newborns.
- Models of group prenatal care and parent-centered care include assessment, education, and social support that maximize the parents' potential for self-empowerment, growth, and lifestyle changes, all of which result in improved perinatal and infant outcomes.
- As opportunities present themselves, educational programs for health care professionals should provide students with clinical experience in using models of group prenatal care and group parenting care.

Midwives of ACNM are encouraged to:

- Implement evidence-based models of group prenatal care to improve individuals' experiences and satisfaction with prenatal care and to improve pregnancy outcomes.
- Advocate for enhanced third-party reimbursement for the provision of group prenatal care visits.
- Continue to lead and/or participate in research investigations exploring the implementation of effective models of group care that can enhance the quality of prenatal care services and improve health outcomes for families.

GROUP PRENATAL CARE

Group prenatal care is a model that combines assessment, education, and support. This model has been used for more than 20 years, and satisfaction with such has been well documented.¹⁻

³The social support aspect has been linked to decreased rates of postpartum depression and improved quality of life.⁴

In addition to satisfaction, this model has also been shown to increase attendance at prenatal care visits, which results in better demonstrated perinatal outcomes, such as increased birth weight, a reduction in small-for-gestation neonates, fewer days in a neonatal intensive care unit, and longer pregnancy intervals.⁵

High-risk groups, including adolescents, those who are economically and socially disadvantaged, and users of tobacco and opioids, have also experienced improved birth outcomes with a model

of group prenatal care. These groups are less likely to attend prenatal care or receive adequate education on pregnancy, breastfeeding, infant care, and exercise as compared non-disadvantaged groups. Preterm birth was found to be decreased, and attendance at prenatal visits was greater. Adolescents who attended group prenatal care had demonstrated increased knowledge on pregnancy, breastfeeding, infant care, and exercise; improved weight gain; and an increased use of long-acting reversible contraceptives. Increased nutritional knowledge was improved in food-insecure persons, as well. Smoking cessation was significantly improved in those who attended group prenatal care.⁶⁻⁸

Group prenatal care has also been shown to have a positive effect on persons with diabetes during pregnancy.⁹

Models of group prenatal care have also been shown to significantly reduce health care costs to society, with improved pregnancy outcomes and fewer newborn hospitalizations.¹⁰

The evidence clearly demonstrates the positive effects of group prenatal care beyond just those for low-risk groups. ACNM supports the expansion of this model as well as continued research of models of prenatal care. This model is a potential tool in helping to improve perinatal outcomes and decrease the disparities that exist for vulnerable groups.

Works Cited

1. Wang X, Wang Y, Liang L. The efficacy of reduced-visit prenatal care model during the coronavirus disease 2019 pandemic: a protocol for systematic review and meta-analysis. *Medicine*. 2021;100(15):e25435. doi: 10.1097/MD.00000000000025435
2. Handler A, Raube K, Kelley MA, Giachello A. Women's satisfaction with prenatal care settings: a focus group study. *Birth*. 1996;23(1):31-37. doi: 10.1111/j.1523-536x.1996.tb00458.x
3. Chae SY, Chae MH, Kandula S, Winter RO. Promoting improved social support and quality of life with the CenteringPregnancy group model of prenatal care. *Arch Womens Ment Health*. 2017;20(1):209-220. doi: 10.1007/s00737-016-0698-1
4. Cunningham S, Grilo S, Lewis J, et al. Group prenatal care attendance: determinants and relationship with care satisfaction. *Matern Child Health J*. 2017;21(4):770-776. doi: 10.1007/s10995-016-2161-3
5. Ickovics JR, Earnshaw V, Lewis JB, et al. Cluster randomized controlled trial of group prenatal care: perinatal outcomes among adolescents in New York City health centers. *Am J Public Health*. 2016;106(2):359-365. doi: 10.2105/AJPH.2015.302960
6. Gareau S, Lòpez-De Fede A, Loudermilk B, et al. Group prenatal care results in Medicaid savings with better outcomes: a propensity score analysis of CenteringPregnancy participation in South Carolina. *Matern Child Health J*. 2016;20(7):1384-1393. doi: 10.1007/s10995-016-1935-y

7. Byerley BM, Haas DM. A systematic overview of the literature regarding group prenatal care for high-risk pregnant women. *BMC Pregnancy Childbirth*. 2017;17(1):329. doi: 10.1186/s12884-017-1522-2
8. Hetherington E, Tough S, McNeil D, Bayrampour H, Metcalfe A. Vulnerable women's perceptions of individual versus group prenatal care: results of a cross-sectional survey. *Matern Child Health J*. 2018;22(11):1632-1638. doi: 10.1007/s10995-018-2559-1
9. Crockett A, Heberlein EC, Glasscock L, Covington-Kolb S, Shea K, Khan IA. Investing in CenteringPregnancy group prenatal care reduces newborn hospitalization costs. *Womens Health Issues*. 2017;27(1):60-66. doi: 10.1016/j.whi.2016.09.009
10. Schellinger M, Abernathy M, May C, et al. Improved outcomes for Hispanic women with gestational diabetes using the Centering Pregnancy group prenatal care model. *Matern Child Health J*. 2017;21(2):297-305. doi: 10.1007/s10995-016-2114-x

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