GROUP PRENATAL CARE

GETTING STARTED GUIDE

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MARCH OF DIMES
SUPPORTIVE PREGNANCY CARE

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Welcome

March of Dimes leads the fight for the health of all moms and babies.

As a leading organization in maternal and child health, March of Dimes is working to support healthy moms, healthy pregnancies and reduce the preterm birth rate. With a focus on populations and regions that need our help most, we are providing resources and programs to help moms before, during and after pregnancy.

Your interest in group prenatal care is a testament to your commitment to quality improvement in health care. The group prenatal care model has been shown to improve birth outcomes while increasing satisfaction for providers and patients.

This guide supports and guides you as you make the change to group prenatal care. It's your go-to resource for everything you need to know about implementing group prenatal care.

For more information about group prenatal care, go to **marchofdimes.org/supportivepregnancycare** or email **SPC@marchofdimes.org**.

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March of Dimes materials reflect current scientific recommendations at time of publication. These recommendations may change. Please check **marchofdimes.org** for updated information.

LETTER OF SUPPORT

Dear Colleagues,

Thank you for your interest in improving the health of mothers and babies through group prenatal care. Evidence supporting the group care model has increased and matured, showing that prenatal care delivered in groups leads to better care with better outcomes. It has the potential to reduce premature birth, increase birthweight, increase breastfeeding and, in short, improve health and save lives. These improved health outcomes help save the United States billions of dollars by reducing babies' stays in neonatal intensive care, reducing early elective deliveries and improving women's lifelong health.

Group prenatal care has been practiced since the late 1990s. Its utilization has rapidly increased since the publication of a seminal randomized controlled trial that demonstrates its impact in reducing premature birth in women who participate in group care compared to women receiving traditional one-on-one care (Ickovics, Kershaw, Westdahl, Magriples, Massey, Reynolds et al., 2007).

In the past several years, many national organizations have joined the movement to expand group prenatal care by developing policies, positions and practical support for providers and consumers. March of Dimes was an early investor in the group prenatal care model, and it continues to increase our involvement and investment. In 2010, Anthem Foundation (then known as WellPoint Foundation) teamed with March of Dimes to invest in CenteringPregnancy®, the program of the Centering Healthcare Institute and the vanguard of group prenatal care. In 2014, researchers at Yale University developed Expect With Me™, a model of group prenatal care piloted in Tennessee, Michigan and Texas with more than 1,000 women (Cunningham, Lewis, Thomas, Grilo & Ickovics, 2017). In 2015, with support from UnitedHealth Group®, March of Dimes began work on a flexible model of its own called Supportive Pregnancy Care. The Tennessee Department of Health has provided funding to March of Dimes to implement Supportive Pregnancy Care in more than a dozen clinic sites in Nashville, Memphis and Knoxville.

While hundreds of systems and providers currently offer group prenatal care in this country, there is still work to be done to reach **all pregnant women** who can benefit from the model. This is why we support the efforts of March of Dimes to create free resources for health systems to explore group prenatal care. We believe that the national scale of group prenatal care can help us reduce the level of preterm birth to March of Dimes targets of 8.1 percent by 2020 and 5.5 percent by 2030 (McCabe, Carrino, Russell & Howse, 2014).

This guide has been informed by the experiences of many organizations, providers and health systems. It gives you the information and guidance you need to change how your health system delivers care to pregnant women.

Signed,

March of Dimes
Centering Healthcare Institute
UnitedHealth Group
Anthem

GROUP PRENATAL CARE: IMPROVING CARE AND OUTCOMES

What is group prenatal care?

Group prenatal care is an evidence-based model that brings pregnant women with similar due dates together for prenatal care to learn how to best care for themselves during pregnancy. They share the goals of making decisions and life changes that are in the best interest of themselves, their babies and their families. During group sessions, women receive a physical assessment, share support with each other and gain knowledge and skills related to pregnancy, birth and parenting. The American College of Obstetricians and Gynelcologists (ACOG) (2018) Committee Opinion on group prenatal care states that group prenatal care is designed to improve patient education and demonstrates high levels of patient satisfaction and improved outcomes for some populations.

Unlike traditional one-on-one care, group prenatal care is exactly what it sounds like — prenatal care delivered in a group setting. Sessions usually include eight to 12 women and last about 2 hours, giving providers and women plenty of time to complete physical exams while discussing pregnancy-related topics, including healthy eating during pregnancy, childbirth preparation, breastfeeding, contraception and birth spacing.

A licensed obstetric provider (obstetrician, family physician, certified nurse-midwife, etc.) and a co-facilitator (registered nurse, social worker, community health worker, etc.) use a facilitative approach to lead the group. They encourage women to share information, explore new topics and ask questions. They empower women to assume a more involved approach in their health care by taking and recording their own vitals (weight and blood pressure).

The group prenatal care model aligns with prenatal care guidelines established by the American Academy of Pediatrics and ACOG (2017).

Today's prenatal care: An opportunity for a new model

The current state of prenatal care in the United States is, in many cases, fragmented. Most often, an obstetric provider uses a traditional model of care, seeing women individually in 10- to 15-minute appointments. Women may get other services, such as nutrition counseling, breastfeeding information and preparation for childbirth, at different locations through additional appointments — or in some cases, not at all.

Traditional care can be time consuming, and the fragmented approach may result in lack of continuity of care, poor adherence, patient dissatisfaction and inefficient use of time for both the patient and the provider. Traditional care may not allow enough time for the level of engagement needed to answer all questions, investigate and solve challenges and provide anticipatory guidance, education and encouragement to patients.

Too often a provider's time is spent waiting — waiting for the patient to be settled in a room, waiting for an interpreter, or waiting for the nurse to check blood pressure, weight and other vitals. The patient spends a lot of time waiting, too — waiting in the lobby, in the exam room or for the provider. All this waiting creates a poor use of resources.

By bundling prenatal care services together in one 2-hour session, group prenatal care addresses many of the delivery issues related to fragmentation. It improves prenatal care, a woman's birth experience and outcomes for women and their babies, while promoting social support and skill-building for lifelong health (Ickovics, Kershaw, Westdahl, Magriples, Massey, Reynolds et al, 2007; Heberlein, Picklesimer, Billings, Covington-Kolb, Farber & Frongillo, 2015).

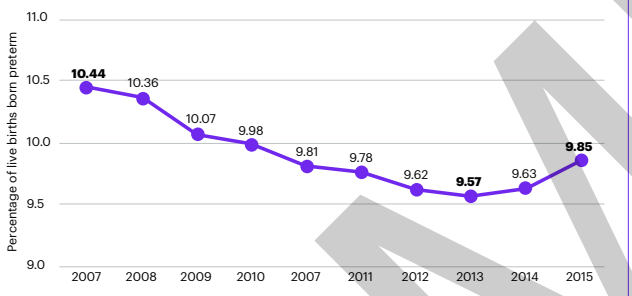
One of the defining characteristics of group prenatal care is its flexibility. For example, sessions may be scheduled to best meet the needs of patients and providers — early mornings, early evenings and weekends all are possibilities. Session content is flexible, too. While some facilitators may choose to stick to a specific topic order, many providers find that sessions are more effective when they tailor topics to each group. Partners and support people can be included if it makes sense for the group.

The group model also improves delivery of prenatal care for providers, clinics and systems. The model promotes increased productivity and generally improves professional satisfaction. Furthermore, group prenatal care has been practiced, studied and tested for many years and has been shown to improve birth outcomes (Agency for Healthcare Research and Quality [AHRQ], 2010). Implementing group prenatal care in your system can contribute to the success of perinatal quality improvement projects.

A need for change: Poor birth outcomes

The preterm birth rate in the United States rose annually for more than 20 years from the early 1980s to a peak in 2006 (Martin, Hamilton, Sutton, Ventura, Menacker, Kimeyer et al., 2009). Beginning in 2007, this trend reversed, and the preterm birth rate fell from 10.4 percent in 2007 to 9.6 percent in 2014 (based on obstetric estimate of gestational age; prior to 2007, the preterm birth rate was calculated based on the date of a mother's last menstrual period; starting in 2007, the rate is based on obstetric estimate of gestational age). The most recent data available show the preterm birth rate increased again to 9.8 percent in 2016 (Figure 1). This means that each year, more than 380,000 babies (or 1 in 10) are born prematurely in the United States.

FIGURE 1. Trend in preterm birth: United States, 2007 to 2016



Preterm is less than 37 weeks of gestation based on obstetric estimate of gestational age.
Source: National Center for Health Statistics, final natality data
Prepared by March of Dimes Prenatal Data Center, February 2018.

Premature birth and its consequences are major contributors to infant morbidity and mortality in the United States (March of Dimes, 2015). According to the Institute of Medicine, the annual economic burden associated with preterm birth in this country is at least $26.2 billion each year, or $51,600 per infant born prematurely (Butler & Behrman, 2007).

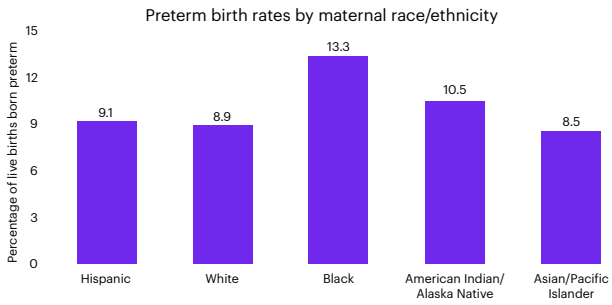
Despite paying more per capita on health care, including prenatal care, than almost all other countries in the world (The World Bank Group, 2018), mothers and babies in the U.S. have some of the worst rates of prematurity, infant mortality and maternal mortality compared to similarly resourced countries. The preterm birth rate in the United States is among the worst of very high human development index countries; in 2010, 40 countries had a preterm birth rate lower than the U.S. rate (March of Dimes, 2017).

Despite this modest improvement, premature birth and low birthweight are still major contributors to infant morbidity and mortality in the United States (March of Dimes, 2015). According to the Institute of Medicine, the annual economic burden associated with preterm birth in this country is at least $26.2 billion each year, or $51,600 per infant born prematurely (Butler & Behrman, 2007).

Compared to our neighbors Canada and Mexico, preterm birth in the United States is about 30 percent higher. Globally, the United States ranks in the bottom one-third with regard to birth outcomes, despite paying more per capita on health care, including prenatal care (March of Dimes, Partnership for Maternal, Newborn & Child Health, Save the Children & World Health Organization, 2012).

Racial, ethnic and socioeconomic disparities persist in premature birth. Rates of preterm birth among non-Hispanic black women are almost double those of non-Hispanic white women in many parts of the country (Figure 2). The prevalence of adverse birth outcomes is particularly high among women with low income (Blumenshine, Egerter, Barclay, Cubbin & Braveman, 2010). Factors that contribute to disparities, including socioeconomic status, acute and chronic stress, and barriers to early and regular prenatal care, are complex and not entirely understood.

FIGURE 2. Disparities in preterm birth: United States, 2013 to 2015



Preterm is less than 37 weeks of gestation based on obstetric estimate of gestational age.
Source: National Center for Health Statistics, final natality data
Prepared by March of Dimes Prenatal Data Center, February 2018.

Adverse birth outcomes, such as preterm birth and low birthweight, have serious health consequences not only during infancy but also through childhood and into adulthood (Barker, Eriksson, Forsen & Osmond, 2002; Hack, Flannery, Schluchter, Cartar, Borawski & Klein, 2002; Moster, Lie & Markestad, 2009). Women can make

healthy choices during pregnancy that can lower the risk of adverse birth outcomes and set the stage for a lifetime of better health.

Women begin pregnancy with a hierarchy of needs, and prenatal care is a key time to evaluate how those needs are met. When a woman's basic needs aren't addressed, it prevents her from concentrating on higher-order needs, such as finding social support and following healthy lifestyle habits that can affect her prenatal care and education. The good news is that pregnant women are typically ready for behavior change. They're willing to make changes that support their own health and the health of their babies (Olander, Darwin, Atkinson, Smith & Gardner, 2016).

Group prenatal care takes a holistic approach to supporting positive change. Rather than promoting a mindset of avoidance that creates temporary behavior change, the group care model encourages change that supports better health in the long run. It also promotes skill-building that can improve parenting.

Improving outcomes and provider/patient satisfaction

Group prenatal care has been practiced and studied for more than 2 decades. It has proven benefits for both providers and patients (Table 1) and has significant effects on pregnancy and birth outcomes.

TABLE 1. Benefits of group prenatal care

Provider benefits	• Improves health and birth outcomes • Improves the provider/patient relationship • Increases the productivity and efficiency of the provider's practice • Improves satisfaction for all members of the provider team
Patient benefits	• Improves health, birth preparation and birth outcomes • Reduces barriers to care • Encourages social support and reduces stress • Provides continuity of care; combines prenatal care and information acquisition in one place, eliminating the need to take separate birthing, newborn and breastfeeding classes • Promotes knowledge and skill-building for lifelong health • Incorporates family and other support people into care • Improves the provider/patient relationship

AHRQ, 2010; Herbelien et al., 2016; Ickovics et al., 2007; McNeil, Vekved, Dolan, Siever, Horn & Tough, 2012; NCHS, 2013

Addressing health disparities. In a large, multi-site, randomized controlled study, the risk of preterm birth was reduced by 33 percent for women in group care, with the effects significantly impacting African-American women, whose rate was reduced by 41 percent (Ickovics et al., 2007). Another study of low-income Medicaid patients found that participation in group care improves the rate of preterm birth compared to traditional care, especially among black women (Picklesimer, Billings, Hale, Blackhurst & Covington-Kolb, 2012).

Early-elective deliveries. One contributor to the overall preterm birth rate in this country is the high rate of non-medically indicated early-term deliveries, despite a lack of evidence that they result in improved neonatal and infant outcomes (ACOG, 2013). According to ACOG, the implementation of a policy to decrease the rate of non-medically indicated deliveries before 39 weeks of gestation decreases the number of these deliveries and improves neonatal outcomes. Participation in group prenatal care allows women to gain the knowledge they need to understand risks and benefits of early elective deliveries so they can more confidently participate in discussions with their providers and be generally ready for labor and birth. In a large, multi-site, randomized controlled study (n=1,047), the risk of preterm birth was reduced by 33 percent for women in group care, with the effects significantly impacting African-American women, whose rate was reduced by 41 percent (Ickovics et al., 2007). Another study of low-income Medicaid patients found that participation in group care improves the rate of preterm birth compared to traditional care, especially among black women (Picklesimer et al., 2012).

Reduced rapid repeat pregnancies and improved birth spacing. Group prenatal care allows for discussion of birth spacing, with a strong emphasis on the use of birth control and pregnancy intendedness. In a randomized controlled trial, women assigned to group

prenatal care were significantly less likely to have repeat pregnancy at 6 months postpartum than individual-care controls (Kershaw, Magriples, Westdahl, Rising & Ickovics, 2009).

Increased breastfeeding. The group prenatal care model allows time for discussion about breastfeeding, which helps improve breastfeeding rates. In a randomized clinical trial, group care participants had higher breastfeeding initiation and duration compared to women receiving a model of care consisting of individual prenatal visits (Ickovics et al., 2007).

Decreased rates of small-for-gestational-age babies. Women in group prenatal care were significantly less likely to have infants who were small-for-gestational-age, defined as below the 10th percentile for weight, than women in traditional care (Ickovics, Earnshaw, Lewis, Kershaw, Magriples, Stakso et al., 2016).

Appropriate maternal weight gain. Group prenatal care has a positive effect on weight management, which impacts maternal health as well as future pregnancies. Obese women in group prenatal care gained less weight during pregnancy and retained less weight at 1 year after delivery than women who received traditional individual care (Magriples , Boynton, Kershaw, Lewis, Rising, Tobin et al., 2015).

Provider and participant satisfaction with care are positive outcomes of the group prenatal care model. McNeil and colleagues (2012) conducted a qualitative study to understand the experience of group prenatal care for physicians and pregnant women. Results show that group prenatal care providers have a better professional experience compared to providers of traditional, individual prenatal care. Physicians reported that they:

- Experienced a greater exchange of information
- Got to know patients better
- Witnessed women getting to know and support each other
- Shared ownership of care
- Had more time to share information and answer questions
- Experienced enjoyment and satisfaction in providing care

Quotes from participating physicians:

"To have a 15-minute discussion with ten people is a lot better than... ten 4-minute discussions. Everything gets covered, and it doesn't feel rushed".

McNeil, Vekved, Dolan, Siever, Horn & Tough, 2013

In the same study, women in group prenatal care also reported strong satisfaction with the model and the social support it promotes. Women reported that they:

- Got more services and information in one place, at one time
- Felt supported
- Learned and gained meaningful information
- Didn't feel alone in the experience of pregnancy
- Felt connected to the group
- Actively participated and took ownership of their care

The researchers found that the discussion-based format of the group helps spark conversations, strengthen group bonds and engage women fully in their prenatal care (McNeil, Vekved, Dolan, Siever, Horn & Tough, 2012). Women in group prenatal care report great satisfaction with the social connections they form and the information exchange that takes place in groups. Group prenatal care promotes empowerment, efficiency, social support and education not routinely available through individual care.

Quotes from participating women:

"Usually at the doctor's office you have to wait... like an hour... It's not so much more time that I'm spending [in my group], but I'm gaining more than just a doctor's visit." — Lisa, 31-year old first-time mother

"I tell everyone I've never had this much support and it really helped... It's the first time I didn't get postpartum depression and I think having all this support during my pregnancy is what kind of eliminated that."
— Robyn, 38-year-old mother with other children

"I had more of a connection with Dr. S. because I saw her more. But I mean, just the connection that I felt with her... I felt so comfortable asking questions."
— Rebecca, 30-year-old first-time mother

McNeil et al., 2012

IMPLEMENTING GROUP PRENATAL CARE

Is group prenatal care right for your health system?

In general, group prenatal care has been shown to improve outcomes and build engagement for pregnant women across the spectrum. However, there are certain situations that don't lend themselves to group prenatal care. For example, practices in rural environments may not serve enough women to build a group. And while many group prenatal care providers serve women at high risk of poor birth outcomes for medical, social and other reasons, there may be women for whom group care is not feasible because of pregnancy complications or competing demands, such as a job and childcare responsibilities.

Table 2 identifies steps needed to determine if group prenatal care is feasible for your practice. It also provides steps to prepare, launch, evaluate and maintain your program.

TABLE 2. Implementing group prenatal care

Readiness assessment	1. Determine financial feasibility. 2. Assess your space and equipment. 3. Engage key leadership. 4. Think about data.
Preparation	5. Develop a plan. 6. Find facilitators.
Launch	7. Set up the room. 8. Schedule sessions. 9. Engage women. 10. Communicate with staff.
Maintenance	11. Assess program success. 12. Keep the momentum. 13. Personalize your approach. 14. Adopt a fix-it mentality. 15. Celebrate success.

Readiness assessment

Launching a new way of providing care in your system involves significant change — is your system ready for it? Do you have the financial support you need? Do you have space and equipment for the sessions? Do key members of system leadership support the change?

Step 1. Determine financial feasibility. System change requires resources, and you'll need financial support to make the transition to group prenatal care. Consider these questions as you determine the financial feasibility of launching group prenatal care:

- What is your patient volume (measured as average number of obstetric patients and deliveries per month)? Do you have the patient base to fill a group each month to maximize provider productivity?
- Do you have enough staff (providers, coordinators, etc.) to handle this model of care? If not, do you have the financial resources to hire staff?
- Does your state provide enhanced reimbursement for group care? Can you afford to do this model?
- Is your health system's foundation interested in funding group prenatal care?

Step 2. Assess your space and equipment. Unlike one-on-one prenatal care, group prenatal care takes place outside the exam room and requires enough space for two facilitators and 10 participants and their support people. When considering logistics, think about:

- Where will group sessions take place? Is there a large room located in your clinic, at a local hospital or somewhere else?
- What equipment or materials do you need? Although implementing group prenatal care may sound like a big project, the equipment and resources needed are relatively minimal:
  - A room and chairs
  - A scale
  - A blood pressure cuff that women can use to take their own blood pressure
  - A massage table or yoga mat to use for conducting physical assessment
  - A privacy screen
  - Storage space for equipment and patient handouts

Step 3. Engage key leadership. In addition to having financial backing and physical space to implement group prenatal care, you need buy-in from system leadership. Think about:

- What is the motivation to implement group prenatal care?
- Who is driving the change?
- What does the system hope to achieve with group prenatal care?

- What experience does your system have with change management? How may the culture of your organization support or challenge the implementation of group prenatal care?
- Is system leadership on board? Are key health providers engaged in the model?

Schedule a kickoff meeting with key leaders in your system, including clinicians (physicians, midwives, nurses), administration, receptionists and other front-line staff, and the marketing team. Give them an overview of group prenatal care, allow time for questions and outline next steps.

Step 4. Think about data. While the success of the group prenatal care model is supported by research, most systems want tools in place that prove the model's efficacy. Think about:

- Does group prenatal care require new approaches to scheduling or collecting patient data?
- How do you currently track information about birth outcomes?
- How do you track information about breastfeeding, birth control, pregnancy spacing, vaccinations and resource utilization (triage calls, labor and delivery triage, visits that don't lead to admissions, etc.)?
- How will you collect data related to group prenatal care?
- How long will it take to collect enough data to draw reasonable conclusions about the success of group prenatal care in your system?
- What does success look like in your system? Do you have the metrics to demonstrate success?

Preparation

Congratulations! You've made the decision to implement group prenatal care in your practice. While it can be tempting to jump ahead to tactical considerations — like scheduling and room set-up — it's essential that you prepare everyone in your system for the upcoming change.

Step 5. Develop a plan. Once you've earned the support of key leadership, it's time to create a plan. Initiating group prenatal care requires planning and coordination. Begin planning at least 6 months before the first group session is to occur. Discuss with your leadership what outcomes you want from your group care visits. Outcomes may include patient and provider satisfaction, achievement on clinical standards of care and prenatal care utilization.

At a team meeting, determine inclusion criteria to use for group visits. Review how you'll recruit patients, the standard agenda for the group session and the roles of the team members. Additionally, identify staff training needs and schedule time for training.

Step 6. Find facilitators. Two facilitators lead each group prenatal care session. At least one facilitator must be a licensed obstetric provider (a physician, certified nurse-midwife or advanced practice nurse). The second facilitator can be a registered nurse, health educator, medical assistant, community health worker, social worker, promotora or other licensed professional or paraprofessional. During the first 30 minutes of each session, the licensed obstetric provider meets individually with each woman to do a health assessment and discuss specific concerns. The second facilitator helps participants take their own blood pressure and weight. The facilitators then work together to manage the rest of the group session.

Strong facilitation skills are an important part of delivering group prenatal care. You may already have experienced facilitators on staff, and even clinicians without formal facilitation experience find that, with a little practice, they flourish in the group care model. After all, your team knows about providing prenatal care — now team members have an opportunity to expand their skills within the group care model.

Group prenatal care facilitators are responsible for taking a group through a process that produces a safe learning environment. Participants have an opportunity to help each other with decision-making and problem solving. Successful facilitation generally encourages all members to participate. By recognizing and utilizing the unique and valuable contributions of each member, an effective facilitator increases the collective value of the group. Table 3 identifies roles of the facilitators.

Facilitators may find that skills and approaches needed for group prenatal care differ from the more didactic way they currently practice. They need listening skills to help them understand and respond to group members. They need facilitation skills to encourage group members to share knowledge with each other. And they need flexibility in determining how and when to approach various pregnancy-related topics.

TABLE 3. Facilitator roles in group prenatal care

- Act as a moderator, establish a comfortable environment, allow participants to introduce themselves, set ground rules, introduce topics and close each session.
- Encourage participation by making it possible for all participants to discuss their concerns, interests, knowledge and experiences.
- Guide discussion while at the same time allowing participants the freedom to explore aspects of the topic that interest them.
- Maintain a participant-centered approach and resist the temptation to teach.
- Be mindful of what is most important to the participants rather than following a predetermined agenda or script.

Launch

You've engaged key leaders, developed your plan for group prenatal care in your practice and identified facilitators. Now it's time to address the tactical aspects of implementing the model.

Step 7. Set up the room. Make a plan for setting up your room — figuring out how to arrange the tables and chairs and the best location for provider-patient consultations. Determine where you plan to place the massage table/yoga mat and privacy screening. Consider playing music during physical assessments to enhance privacy.

Step 8. Schedule sessions. Determine the start date for your first group and think about how it may impact provider schedules and existing appointments. Once you've developed a scheduling process, ensure that your staff are trained on how to use it.

Step 9. Engage women. Encourage your entire team to talk about group prenatal care with patients. Develop a set of talking points and distribute them throughout your organization to ensure that everyone is on message. Create posters and handouts to promote group prenatal care in your clinic, or post information on social media and your organization's website.

Step 10. Communicate with staff. Keep them engaged in group prenatal care. Use email, newsletters and in-person meetings.

Maintenance

Now that you're moving forward with group prenatal care, ensure that it's working well for your system and that you have a sustainability plan for the care model. This stage includes data collection plans, a plan for continuous quality improvement and a clear understanding of the general content that should be addressed during sessions.

Step 11. Assess program success. Monitoring the effectiveness and impact of group prenatal care on patient health outcomes and provider and patient satisfaction is important to continued success of group care in your practice. Having a mechanism to monitor and track changes in key health targets and to solicit patient and provider satisfaction is crucial to the sustainabiity of your program. Key health targets include birthweight, gestational age and breastfeeding initiation.

Step 12. Keep the momentum. Once group prenatal care is up and running at your site, it may be challenging to keep everyone engaged in day-to-day operations. Host regular team meetings and celebrations. Identify barriers that make it challenging to balance a group prenatal care approach with traditional prenatal services offered in your clinic. Effective communication with your team can go a long way in overcoming challenges. Contributions from team members can help build a stronger, more dynamic and more successful group prenatal care model.

One thing you can count on in the health care field is constant change; this goes for group prenatal care, too. Team members come and go, and you need to train new staff. Employees who are well-versed in the program can be valuable resources in ensuring the long-term sustainability of group prenatal care in your practice. They benefit, too, from training refreshers and quality assurance check-ins.

Step 13. Personalize your approach. Your health system is unique, and your group prenatal care program is unique, too. Personalize your program so it aligns with the strengths of your clinic and the needs of your patients. For example, some systems choose to enhance the care model with technology, like using social media platforms for group discussion. Others may benefit from bringing a community health worker in to help promote and deliver group prenatal care.

Step 14. Adopt a fix-it mentality. Is there an element in your group prenatal care program that isn't working? Maybe you have low attendance in your daytime groups, or your schedulers are having trouble enrolling patients properly. Be proactive about addressing these problems and developing solutions. The beauty of group prenatal care lies in its flexibility; take advantage of this and develop a care model that works best for your site.

Step 15. Celebrate success. In addition to celebrating successes in your team meetings, promote success in other ways. With your team, brainstorm ways to celebrate, like announcing results (for example, the preterm birth rate for women in the first year of groups compared to other women); serving a group prenatal care baby shower cake at your next team meeting; or providing shirts or buttons for staff to wear on group prenatal care days.

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