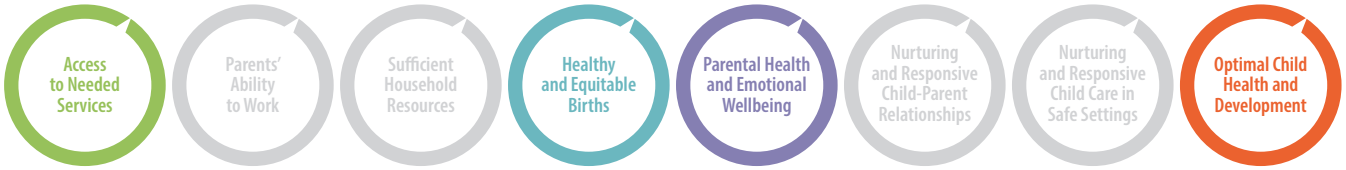
prenatal-to-3 policy IMPACT CENTER
The University of Texas at Austin
LBJ School of Public Affairs

Excerpt from the 2020 Prenatal-to-3 State Policy Roadmap

STRATEGY

GROUP PRENATAL CARE

Group prenatal care is an effective state STRATEGY to impact:



Participation in group prenatal care:

- increases the likelihood that mothers receive adequate prenatal care;
- improves mothers' physical and emotional health; and
- has mixed impacts on healthy and equitable births and optimal child health and development.

10

states support the implementation of group prenatal care financially through enhanced reimbursements for group prenatal care providers.

WHAT IS GROUP PRENATAL CARE?

Group prenatal care (GPNC) is a model of prenatal care facilitated by a trained healthcare provider, but delivered in a group setting, integrating health assessments, education and skills building, and peer social support.[1] GPNC provides pregnant women (typically with low-risk pregnancies not requiring individual monitoring) with approximately 20 hours of prenatal care over the course of their pregnancies, compared to approximately 2 hours in traditional individual care.

WHY IS GROUP PRENATAL CARE IMPORTANT?

Early and Regular Prenatal Care Improves the Likelihood of a Healthy Pregnancy

Pregnant women who receive frequent care early in pregnancy experience positive perinatal outcomes, likely through education, risk screening, and physical assessments included in prenatal care visits.[2,3]

Group Prenatal Care Adds an Additional Element of Social Support to Traditional Prenatal Care

Group prenatal care augments prenatal care in ways that can positively impact pregnant women and their families by integrating family members and peer support into prenatal care and education, which can be a protective factor for women's psychosocial health.[4]

Women Who Participate in Group Prenatal Care Receive More Hours of Care

GPNC provides participating women with significantly more prenatal care (20 hours) than individual care (2 hours) over the course of their pregnancies, which in turn should lead to greater quality of care, subsequent improvements in mothers' mental and physical health during the perinatal period, and better birth outcomes.

Because Adverse Birth Outcomes Disproportionately Affect Women of Color, They May Benefit Most From Group Prenatal Care

Poor birth outcomes are not distributed proportionally across racial and ethnic groups. Compared to infants from other racial and ethnic groups, Black infants had a 50% higher average rate of preterm birth from 2016-2018, and disparities in rates of preterm birth, low birthweight, and infant mortality are increasing.[5,6]

Women May Be More Likely to Attend Group Prenatal Care Visits Compared to Traditional Prenatal Care

GPNC emerged as an alternative form of care, in part as a response to challenges with accessing individual prenatal care.[7] Women who choose group prenatal care over individual care may be more likely to attend more of their scheduled visits if GPNC meets their needs in ways that individual care does not.

WHAT IMPACT DOES GROUP PRENATAL CARE HAVE?

Participation in group prenatal care improves the likelihood that mothers receive adequate prenatal care and improves mothers' physical and emotional health. Mothers participating in group prenatal care are less likely to gain excessive weight during pregnancy and more likely to experience better psychosocial outcomes. Impacts on healthy and equitable birth outcomes and optimal child health and development are less conclusive.

Group Prenatal Care May Positively Impact Birth Outcomes and Child Development, but More Research Is Needed

Positive impacts on preterm birth and low birthweight emerge in experimental and quasi-experimental studies, but null impacts also emerge in similarly designed studies. No consistent pattern in the demographic or risk composition of the study samples accounts for the differences in findings. Study findings on breastfeeding initiation also were mixed—showing both positive and null results.

CenteringPregnancy Is the Most Prominent Model of Group Prenatal Care

CenteringPregnancy is the predominant model of GPNC. It is the most widely studied model and the model on which other forms of GPNC are often based.[8] CenteringPregnancy is currently being implemented in 435 sites across 45 states.[9] Other (less studied) models of GPNC include March of Dimes' Supportive Pregnancy Care, Expect With Me, Pregnancy & Parenting Partners, and Honey Child.

Strong Causal Studies Show That Group Prenatal Care Impacts Four Prenatal-to-3 Policy Goals

Examples of Impact:

- Group prenatal care led to a 10% increase in receipt of adequate prenatal care (G)
- Group prenatal care led to 1.8 more prenatal visits among participating Black women with high-risk pregnancies (L)

- Group prenatal care had both positive and null impacts on the rate of preterm (G, F) and low birthweight births (A, O)

- Group prenatal care decreased the likelihood of excessive weight gain (M, P)
- Group prenatal care reduced depressive symptoms, especially among high-stress women (C, H)

- Group prenatal care had both positive (twice the odds) and null impacts on breastfeeding initiation (G, N, I, J)

Note. Results are based on comprehensive reviews of the evidence. Letters in parentheses in the table above correspond to a strong causal study in the comprehensive evidence review of group prenatal care. Each strong causal study reviewed has been assigned a letter. A complete list of causal studies can be found in the references section at the end of this document. Comprehensive evidence reviews of each policy and strategy, as well as more details about our standards of evidence and review method, can be found at pn3policy.org.

WHAT DO WE STILL NEED TO LEARN ABOUT GROUP PRENATAL CARE?

More Research Is Needed to Identify a State Policy Lever to Implement Group Prenatal Care

To date, the group prenatal care model has not been evaluated as a statewide intervention, so it is not clear from the current evidence base the optimal way for states to fund or implement group prenatal care.

Additional Group Prenatal Care Models Need to Be Rigorously Evaluated

Currently, the CenteringPregnancy model is the only program model that is being implemented widely and that has undergone rigorous evaluation. As states implement alternative models, rigorous evaluations should be conducted.

Little Is Known About the Impacts of Group Prenatal Care on Fathers or on Children Beyond Infancy

Fathers play an important role in supporting mothers during the perinatal period. Their health and wellbeing and their ability to provide social support can affect the health and wellbeing of the entire family unit, yet outcomes measured in group prenatal care studies focus almost entirely on the health of mothers and their infants. More evidence on children beyond infancy also would be helpful, especially because the evidence for birth outcomes and breastfeeding is mixed.

More Needs to Be Studied About the Impacts of Group Prenatal Care on People of Color

Several studies show that group prenatal care is beneficial for Black mothers, which is encouraging given that adverse birth outcomes disproportionately impact Black women; however, the evidence that participation in group prenatal care reduces or eliminates racial disparities remains inconclusive. In addition, currently, little research exists demonstrating that group prenatal care reduces disparities among Hispanic women either. Future research must focus on examining the differential impacts of group prenatal care by race and ethnicity.

Additional Studies Will Be Helpful to Further Understand the Effects of Group Prenatal Care on Other Policies

More research is necessary to understand how group prenatal care interacts with other policies that impact the prenatal-to-3 population, such as Medicaid expansion, because states allow group prenatal care sessions to be covered by Medicaid. Some states also provide enhanced reimbursement for group prenatal care through Medicaid. Many participants in group prenatal care also may be referred to home visiting programs; therefore, exploring how these programs impact one another can be helpful for states.

Tracking and Evaluating How States Have Responded to COVID-19 Will Be Essential

In response to the COVID-19 pandemic and social distancing measures, many group prenatal care programs have been halted. Centering Health Institute (CHI) has issued guidance for its partner sites regarding how to provide services virtually and has delayed licensing fees. In addition, as of July 2020, CHI has awarded 48 grants to support virtual group care and has been adapting its curriculum to better suit the medium of telehealth.[10] The University of Michigan also intends to create online group care for pregnant women. The effects of virtual group prenatal care and the adaptation to telehealth remain to be determined.[11]

HOW DO STATES VARY IN THEIR IMPLEMENTATION OF GROUP PRENATAL CARE?

In the absence of a clear state policy lever to assess variation across the states, we describe instead how states compare in their progress toward implementing group models of prenatal care.

Ten States Provide Enhanced Reimbursements to Group Prenatal Care Providers

Ten states currently offer enhanced reimbursement to incentivize group prenatal care—California, Georgia, Louisiana, Michigan, Montana, New Jersey, New York, South Carolina, Texas, and Utah.[12] Eight of these 10 states allow Medicaid to reimburse providers for group prenatal care at a higher rate than traditional care, either through one or more managed care organizations (MCOs) operating in the state or for all Medicaid plans. Two other states (New York and Georgia) use grant dollars to fund enhanced reimbursement. Thirteen other states reimburse providers in other ways, and an additional 12 states either encourage the use of group prenatal care or recognize it as an effective strategy. In contrast, 16 states do not explicitly promote group prenatal care in any way.

States Can Fund Group Prenatal Care Through Alternative Payment Methods

Alternative Payment Methods (APMs) reimburse providers using a value-based payment method instead of a traditional fee-for-service. By reimbursing for value rather than for volume, providers are encouraged to use comprehensive maternity care to treat patients, which may include the use of group prenatal care. Fifteen states reimburse using alternative payment methods.

Legislation and Rulemaking Authority Can Be Used to Promote Group Prenatal Care

One state, Illinois, encourages the support of group prenatal care through legislation and rulemaking by promoting evidence-based and enhanced prenatal care services, which can include group prenatal care.

Some States Endorse Group Prenatal Care, but Do Not Support It Directly

Eleven states do not explicitly support group prenatal through enhanced reimbursements or official promotion, but these states endorse group prenatal care as a best practice through agency resources, such as brochures and taskforce recommendations.

How Do We Determine States' Progress Toward Implementing Effective Policies and Strategies?

Without state statute or law to review for progress toward a defined legislative or regulatory action, we leveraged available data assessing state variation in each of the strategies to demonstrate how states are making progress implementing the six strategies relative to one another. Indicators of variation included factors such as the percentage of children or families that states serve through the strategy, states' eligibility criteria for the strategy, whether states invest state funds in the strategy, and whether states meet the federal recommendations for implementing the strategy.

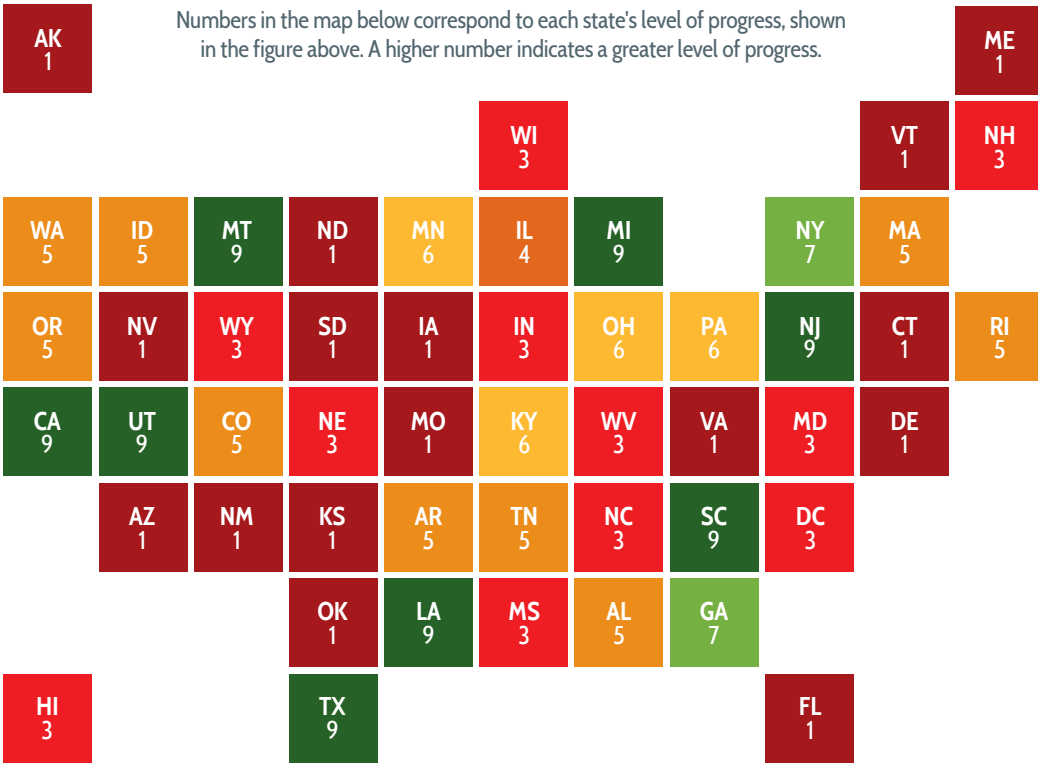
Based on information from state health department websites and proposed and passed state legislation, we determined whether a state supported the implementation of group prenatal care financially through enhanced reimbursements for group prenatal care providers.

The figure on the following page shows the progress states have made to date toward implementing group prenatal care. For additional information, please refer to the Methods and Sources section of pn3policy.org.

Have States Made Substantial Progress Toward Implementing Group Prenatal Care?

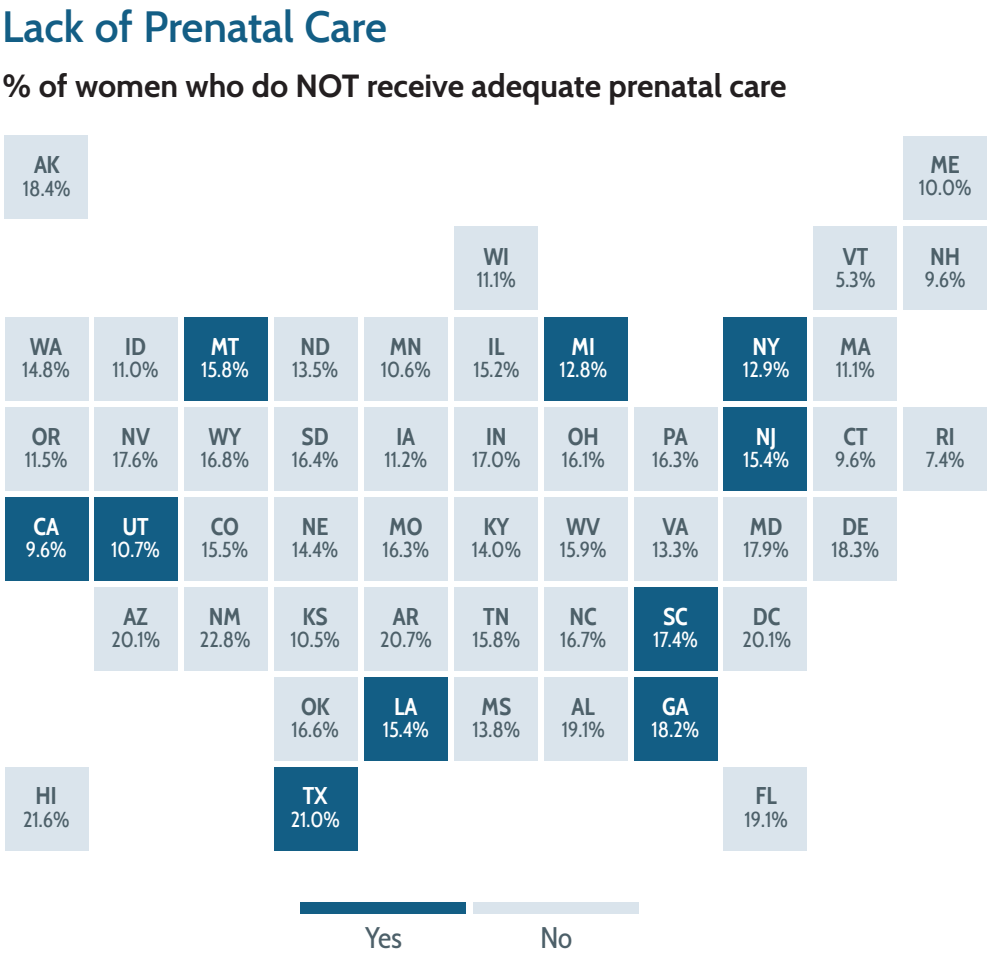
Progress		Detail	# of States
Substantial Progress	10		
	9	State has either one or more MCO or a state billing model that reimburses providers for group prenatal care at a higher rate than traditional individual prenatal care.	8
	8		
	7	State uses grant or discretionary funding to reimburse providers for group prenatal care at a higher rate than traditional prenatal care.	2
Some Progress	6	State has provided limited grant funding for group prenatal care within the last 3 years.	4
	5	State has either one or more MCO or a state model that reimburses health providers through an alternative payment method that supports enhanced maternity care, but doesn't explicitly mention group prenatal care.	9
	4	State, through legislation or agency rulemaking authority, encourages the implementation of group prenatal care.	1
Little to No Progress	3	State recognizes group prenatal care as an effective strategy.	11
	2		
	1	State does not take any explicit steps to promote group prenatal care.	16
	0		

Numbers in the map below correspond to each state's level of progress, shown in the figure above. A higher number indicates a greater level of progress.



States Vary in the Percentage of Women Receiving Adequate Prenatal Care

Group prenatal care (GPNC) is associated with a 10% increase in the receipt of adequate prenatal care.[13] Thus, the receipt of adequate prenatal care is a good indicator for states to track to determine the effectiveness of GPNC. The following map shows the percentage of women who do not receive adequate prenatal care, defined as starting prenatal care after the fourth month of pregnancy or receiving fewer than 50% of expected prenatal visits, based on when the woman started care and the gestational age at delivery.[14] The percentage of women who do not receive adequate prenatal care varies from a low of 5.3% in Vermont, the best rate in the country, to a high of 22.8% in New Mexico, the worst rate nationwide.



States with a "Yes" have made substantial progress toward implementing group prenatal care.

Source: As of June 8, 2020. State health department websites and proposed and passed state legislation; CDC Vital Statistics - Natality Expanded 2018 (from CDC WONDER). For additional information please refer to the Methods and Sources section of pn3policy.org.

Explore your state's interactive data at **pn3policy.org/interactive.**

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