

2021 Prenatal-to-3 State Policy Roadmap

Methods and Sources

Effective Strategies

GROUP PRENATAL CARE

What is group prenatal care and why is it important?

All references for this section are provided in the Notes and Sources section at the bottom of each webpage. Additionally, search the [Prenatal-to-3 Policy Clearinghouse](#) for an ongoing inventory of rigorous evidence reviews, including more information on group prenatal care.

What impact does group prenatal care have?

The following studies meet standards of strong causal evidence to demonstrate the impacts of group prenatal care for the health and wellbeing of young children and their families:

- A. Felder, J.N., Epel, E., Lewis, J.B., Cunningham, S.D., Tobin, J.N., Rising, S.S., Thomas, M., & Ickovics, J.R. (2017). Depressive symptoms and gestational length among pregnant adolescents: Cluster randomized control trial of Centering Pregnancy® plus group prenatal care. *Journal of Consulting and Clinical Psychology, 85*(6), 574-584. <https://doi.org/10.1037/ccp0000191>
- B. Ford, K., Weglicki, L., Kershaw, T., Schram, C., Hoyer, P.J., & Jacobson, M.L. (2002). Effects of a prenatal care intervention for adolescent mothers on birth weight, repeat pregnancy, and educational outcomes at one year postpartum. *The Journal of Perinatal Education, 11*(1), 35-38. <https://doi.org/10.1624/105812402X88588>
- C. Ickovics, J.R., Kershaw, T.S., Westdahl, C., Magriples, U., Massey, Z., Reynolds, H., & Rising, S.S. (2007). Group prenatal care and perinatal outcomes: A randomized controlled trial. *Obstetrics and Gynecology, 110*(2 Pt 1), 330-339. <https://doi.org/10.1097/O1.AOG.0000275284.24298.23>
- D. Ickovics, J.R., Reed, E., Magriples, U., Westdahl, C., Rising, S.S., & Kershaw, T.S. et al. (2011). Effects of Group prenatal care on psychosocial risk in pregnancy: Results from a randomized controlled trial. *Psychology & Health, 26*(2), 235-250. <https://doi.org/10.1080/08870446.2011.531577>
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- F. Kennedy, H.P., Farrell, T., Paden, R., Hill, S., Jolivet, R.R., Cooper, B.A., & Rising, S.S. (2011). A randomized clinical trial of group prenatal care in two military settings. *Military Medicine, 176*(10), 1169-1177. <https://doi.org/10.7205/MILMED-D-10-00394>

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- H. Klerman, L.V., Ramey, S.L., Goldenberg, R.L., Marbury, S., Hou, J., & Cliver, S.P. (2001). A randomized trial of augmented prenatal care for multiple-risk, Medicaid eligible African American women. *American Journal of Public Health, 91*(1), 105-111. <https://doi.org/10.2105/AJPH.91.1.105>
- I. Magriples, U., Boynton, M.H., Kershaw, T.S., Lewis, J., Rising, S.S., Tobin, J.N., Epel, E., & Ickovics, J.R. (2015). The impact of group prenatal care on pregnancy and postpartum weight trajectories. *American Journal of Obstetrics and Gynecology, 213*(5), 688.e1-9. <https://doi.org/10.1016/j.ajog.2015.06.066>

How can states effectively implement group prenatal care?

In the absence of an evidence-based state policy lever to ensure the services effectively provide children and families the support they need, we present several choices that states can make to more effectively implement group prenatal care. We identify states as leaders in the implementation of group prenatal care if they:

- Serve a high share of their state's pregnant people relative to other states;
- Invest state funds to expand access to group prenatal care; and
- Provide an enhanced reimbursement for group prenatal care services through Medicaid.

To assess if a state serves a high share of pregnant people relative to other states, we calculated the percentage of births in a state participating in CenteringPregnancy group prenatal care programs, using data from Centering Healthcare Institute, Inc. and the total births data from the CDC Vital Statistics. States identified as serving a high share of families are those that were in roughly the top ten states for this measure.

Although the most effective way for states to support group prenatal care is unclear from the evidence base, there are a number of ways states can support group prenatal care as an effective strategy to support families in the prenatal-to-3 period. We included ways in which states use public funds to support and promote access to group prenatal care as part of our determination of leadership. Data regarding state investment in group prenatal care were obtained from state Medicaid Manuals, state agency websites and reports, and direct outreach to Centering Healthcare Institute, Inc.

We also performed an electronic search using Quorum State between July 1, 2020 and August 15, 2021 to assess legislative progress pertaining to group prenatal care. The main search strategy used combinations of keywords for group prenatal care (group prenatal care OR centeringpregnancy OR centering pregnancy OR enhanced prenatal OR Medicaid WITHIN 10 OF group prenatal care services OR bundled payments OR perinatal care OR centeringparenting OR centering parenting OR prenatal WITHIN 10 OF group setting OR pregnant WITHIN 5 OF group setting). Research staff conducted searches, analyzed results for relevant state legislation, and summarized the progress states made toward supporting and implementing group prenatal

care services. This component of legislative progress did not impact a state's rating, but rather is described in the narrative.

Sources:

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How does group prenatal care vary across states?

Data were collected for 2 different measures to assess how states vary in their implementation of group prenatal care. The datasets, calculations, and sources referenced for each state are listed below.

Measure 1: Estimated percentage of births to people participating in CenteringPregnancy

Definition:

The percentage of births in a state to people participating in CenteringPregnancy out of all births in the state

Notes:

1. **Numerator:** The number of people participating in CenteringPregnancy in each state
2. **Denominator:** The total number of births in each state
3. Data for the number of people participating in CenteringPregnancy were provided as of 2019.
4. The percentage of births to people participating in CenteringPregnancy is calculated by dividing the estimated number of people served by CenteringPregnancy by the total number of births in the state in 2019.

Sources:

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Measure 2: State support for group prenatal care

Definition:

Yes/No the state supports group prenatal care through one of three types of financial support and/or one type of non-financial support

Notes:

1. The three types of financial support include:
 - a. State Medicaid or a contracted managed care organization (MCO) provides enhanced reimbursement rates for group prenatal care services
 - b. State uses grant or discretionary funding to support incentives with enhanced reimbursement payment models or to pilot/scale up a GPNC model in the state
 - c. State contracts with a MCO that uses alternative payment models (APMs) to incentivize enhanced maternity care using a value-based payment (VBP) model

2. A state is considered to have provided non-financial support for group prenatal care if it officially recognizes GPNC as an effective strategy for improving maternal and child health outcomes

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