

2022 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/O8870446.2011.531577>
- E. Ickovics, J.R., Earnshaw, V., Lewis, J.B., Kershaw, T.S., Magriples, U., Stasko, E., Rising, S.S., Cassells, A., Cunningham, S., Bernstein, P., & Tobin, J.N. (2016). Cluster randomized trial of group prenatal care: Perinatal outcomes among adolescents in New York City health centers. *American Journal of Public Health, 106*(2), 359-365. <https://doi.org/10.2105/AJPH.2015.302960>
- 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>

- G. Kershaw, T.S., Magriples, U., Westdahl, C., Rising, S.S., & Ickovics, J. (2009). Pregnancy as a window of opportunity for HIV prevention: Effects of an HIV intervention delivered within prenatal care. *American Journal of Public Health, 99*(11), 2079-2086. <https://doi.org/10.2105/AJPH.2008.154476>
- 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 and why does group prenatal care vary across states?

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:

- Provide financial support for group prenatal care;
- Provide an enhanced reimbursement for group prenatal care services through Medicaid; and/or
- Serve pregnant people in a high number of group prenatal care sites across the state.

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.

To assess if a state serves pregnant people in a high number of group prenatal care sites relative to other states, we reported the number of CenteringPregnancy group prenatal care sites, using data from Centering Healthcare Institute, Inc. States identified as serving a high number of sites are those that were in roughly the top ten states for this measure.

We also performed an electronic search using Quorum State between July 1, 2021 and September 27, 2022 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.

This section also contains the sources for the information presented in the individual state Roadmaps.

Sources:

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Virginia	<ol style="list-style-type: none"> 1. Virginia Premier. (2019, June 28). <i>Provider manual</i>. https://www.virginiapremier.com/wp-content/uploads/virginia-premier-medicare-provider-manual-en-va.pdf
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West Virginia	<ol style="list-style-type: none"> 1. West Virginia Department of Health and Human Resources, Bureau for Medical Services. (n.d.). <i>Policy manual</i>. Retrieved on September 1, 2022, from https://dhhr.wv.gov/bms/pages/manuals.aspx 2. West Virginia Perinatal Partnership. (n.d.). <i>Committee recommendations for establishing priorities for perinatal care actions</i>. Retrieved on September 1, 2022, from

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Wyoming	<ol style="list-style-type: none"> 1. Laramie County Health Matters. (n.d.). <i>Centering Pregnancy program</i>. Retrieved September 1, 2022 from http://www.laramiecountyhealthmatters.org/promisepractice/index/view?pid=3261 2. Wyoming Medicaid. (n.d.). <i>CMS 1500 provider manual and bulletins</i>. Retrieved September 1, 2022, from https://www.wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins/CMS-1500-Provider-Manual

How does group prenatal care vary across states?

Data were collected for two 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. The 2021 Prenatal-to-3 Roadmap relied on data for group prenatal care programs from 2019, due to concerns about the COVID-19 pandemic on 2020 service data. In the 2022 Roadmap, we rely on data from 2021 due to the same concerns. 2020 data are not included in any Roadmap.

Measure 1: CenteringPregnancy Group Prenatal Care Sites

Definition:

The number of CenteringPregnancy group prenatal care sites in the state (as of 2021)

Source:

T. Monroe, Centering Healthcare Institute Inc., personal communication, September 13, 2022.

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
3. State support data are as of August 1, 2021; new data could not be verified prior to Roadmap publication.

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District of Columbia	<ol style="list-style-type: none"> 1. DC Health Matters Collaborative. (n.d.). <i>Centering Pregnancy program</i>. Retrieved on September 1, 2022, from http://www.dchealthmatters.org/promiseppractice/index/view?pid=3261 2. Nesbitt, L. (2018, October 23). <i>Mayor Bower's Maternal and Infant Health Summit – the path ahead</i>. https://www.dchealthmatters.org/promiseppractice/index/view?pid=3261
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