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Group Prenatal Care

Group prenatal care is an effective model of prenatal care facilitated by a trained healthcare provider, and delivered in a group setting, which integrates health assessments, education and skills building, and peer social support. State support for group prenatal care varies considerably, and most group prenatal care programs are implemented locally or privately, rather than through state funding. Below is a list of policy considerations for state leaders to help maximize the reach and effectiveness of group prenatal care.

States should consider the implications of these policy choices and their collective impact on equitable access to group prenatal care for their state.

We use the following symbol to highlight where policy choices can promote greater equity. 

Group prenatal care benefits families' access to needed care and services and increases the likelihood that pregnant people receive adequate prenatal care. Participation also boosts parental health and emotional wellbeing and is proven to improve mothers' physical and mental health. Group prenatal care also enhances optimal child health and development by increasing breastfeeding initiation rates. Group prenatal care can be offered through several models, but the CenteringPregnancy model is the only model with rigorous evidence to date.

This checklist covers the following components of implementing group prenatal care:

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<p>IMPLEMENTATION AND ACCESS</p> <ul style="list-style-type: none"> • CenteringPregnancy • Other models • Targeting support to underserved regions and communities 	<p>LEGISLATIVE AND FINANCIAL SUPPORT</p> <ul style="list-style-type: none"> • Legislation establishing and supporting group prenatal care • Enhanced Medicaid reimbursement • Alternative payment methods • State funding for grants to scale up or pilot group prenatal care • Private support 	<p>NON-FINANCIAL STATE SUPPORT</p> <ul style="list-style-type: none"> • Best practice • CenteringPregnancy listed on state websites • Other

To see the variation across states in the number of group prenatal care sites, please visit our website.



Implementation and Access

States vary considerably in access to group prenatal care. Several states have taken steps to implement the model statewide, whereas other states lack access to programming.



Systemic racism, combined with discrimination within health care delivery systems, drives poorer quality prenatal care and adverse birth outcomes for women of color. Taking action to support group prenatal care models is crucial to improve families' access to empowering women-centered care.

1. Does your state have CenteringPregnancy programming available? Check all that apply.

CenteringPregnancy is the most widely studied group prenatal care model. Based on estimates from 2021, 44 states offer at least one CenteringPregnancy site. Seven states (Connecticut, Delaware, Idaho, Rhode Island, South Dakota, Utah, and Wyoming) had no CenteringPregnancy sites in 2021. Of the 44 states that have at least one CenteringPregnancy site in the state, 10 states have only a single site in the state, while California and Ohio have 56 and 49 sites, respectively.

Yes, CenteringPregnancy has been implemented at _____ sites.

Of these, _____ sites are state-supported in some way. For example, grant funding, enhanced Medicaid fee-for-service reimbursement or Alternative Payment Models.

No, CenteringPregnancy has not been implemented in the state.

2. Have alternative group prenatal care models been implemented in your state?

Beyond CenteringPregnancy, other less rigorously studied alternative models of group prenatal care include March of Dimes' Supportive Pregnancy Care, Expect With Me, Pregnancy & Parenting Partners, and Honey Child.

Yes, other alternative model(s) has/have been implemented in the state.

Program name: _____

Description of program: _____

Number of sites: _____

Of these, _____ sites are state-supported in some way. For example, grant funding, enhanced Medicaid fee-for-service reimbursement or Alternative Payment Models.

No, alternative group prenatal care models have not been implemented in the state.

3. Are there areas of the state where group prenatal care programs have not yet been implemented, but where there is a demonstrated need?

Yes.

No.

4. Has your state taken action to ensure resources are targeted to areas with the greatest need and to ensure the most individuals receive equitable services?

Some states have acted to create grant programs to establish or expand group prenatal care, focusing specifically on underserved populations. State legislatures have proposed prioritizing areas of the state with high preterm birth rates (for example, specific urban regions), counties in which access to maternity care is limited or absent (for example, rural counties), and providers that primarily serve Medicaid recipients to promote equitable access.

Yes, the state specifically targets underserved populations with the greatest need.

If yes, which populations/regions? _____

No, the state has group prenatal care available, but state-supported group prenatal care services are not targeted toward specific populations.

No, group prenatal care has not been implemented in the state.

Legislative and Financial Support

To improve families' access to group prenatal care, states can support group prenatal care through legislation and funding. Financial support includes enhanced Medicaid reimbursement rates, grants or discretionary funding to pilot or scale up group prenatal care programs, and Alternative Payment Models (APMs) to support enhanced maternity care.



Using available state resources in a targeted way to support group prenatal care may improve access to needed services and achieve greater equity.

1. Has your state enacted legislation to implement and support group prenatal care statewide?

Check all that apply.

States may enact legislation to invest state funds, or to provide enhanced reimbursement through Medicaid, for group prenatal care services. States may also enact legislation to launch group prenatal care programs or recognize group prenatal care as a best practice.

Yes, the state has enacted legislation setting reimbursement rates for group prenatal care to incentivize providers offering group prenatal care.

Yes, the state has enacted legislation appropriating funds to award grants to community organizations launching or expanding group prenatal care programs.

No, the state has not enacted legislation to establish or expand group prenatal care statewide.

2. Does your state use Medicaid billing codes that reimburse group prenatal care providers at a rate higher than traditional prenatal care?

States can implement Medicaid billing codes that reimburse providers for group prenatal care at a rate that is higher than traditional prenatal care. Enhanced reimbursement rates vary considerably, with some states offering an additional \$40 to \$50 per patient, per visit for group prenatal care, and other states offering a rate that only provides additional funding to providers if they serve large groups.

- Yes, group prenatal care providers are reimbursed \$ _____ per patient, per visit for group prenatal care, representing an enhanced rate in comparison with traditional prenatal care.
- Yes, group prenatal care providers receive additional funding, but only if they serve large groups.
 Group size (number of patients): _____
 Funding amount per group: _____
- No, the state does not use Medicaid billing to support group prenatal care at an enhanced rate.
- Other: _____

Billing Code Activation

Despite having billing codes and enhanced reimbursements, some states do not always “turn on” or use the billing codes for reasons such as lack of awareness about the services and codes, and/or because of low reimbursement rates.

- The state turns on and uses billing codes and enhanced reimbursements.
- The state has not turned on or used enhanced reimbursement.

CenteringPregnancy Requirement

Some states require models to be certified CenteringPregnancy programs to be reimbursable through Medicaid.

- Yes, the state requires group prenatal care models to be certified CenteringPregnancy programs to be reimbursable through Medicaid.
- No, the state does not require models to be certified CenteringPregnancy programs to be reimbursable through Medicaid.

3. Does your state allocate state funds to provide grants to expand access to group prenatal care services, or use discretionary funding to pilot initiatives that reimburse group prenatal care providers at an enhanced rate? Check all that apply.

Beyond Medicaid, states may allocate state funds to provide grants to expand access to group prenatal care services or use discretionary funding to pilot initiatives that reimburse providers at an enhanced rate.

- Yes, the state uses grants or discretionary funding to support incentives with enhanced reimbursement payment models.
- Yes, the state uses grants or discretionary funding to pilot a group prenatal care model in the state.
- Yes, the state uses grants or discretionary funding to scale up a group prenatal care model in the state.
- No, the state does not allocate state funding to support group prenatal care beyond Medicaid reimbursement rates.

4. Does your state use Alternative Payment Models (APMs) to incentivize enhanced maternity care that may include group prenatal care?

States have managed care organizations (MCOs) that use APMs to support enhanced maternity care, which means that states reimburse for episodes of maternity care using a value-based payment model that rewards providers for better patient health outcomes.

- Yes, the state contracts with an MCO that uses APMs to incentivize enhanced maternity care using a value-based payment model.
- No.

5. Are private and/or philanthropic funds used to finance group prenatal care programs within your state?

- Yes. Amount and source: _____
- No.

Non-Financial Support

States may also take nonfinancial steps to encourage group prenatal care by recognizing it as an effective strategy for improving maternal and child health outcomes and/or by listing CenteringPregnancy as a resource on state websites. Of the 21 states that recognize group prenatal care as an effective strategy, five states also provide support through enhanced reimbursements or grant funding to support pilot programs. Although recognizing group prenatal care as an effective strategy is an incremental step, financial support is key to making the program more accessible.



States that recognize group prenatal care as an effective strategy and/or list CenteringPregnancy as a resource on state websites may promote awareness of the program and boost participation. Targeting promotion and outreach to communities with disparate birth outcomes may achieve greater equity.

1. Does your state recognize group prenatal care as an effective strategy for improving maternal and child health outcomes?

- Yes, the state has passed legislation recognizing group prenatal care as an effective strategy.
- Yes, the state recognizes group prenatal care as an effective strategy in the state Medicaid manual.
- No.

2. Does your state list CenteringPregnancy as a resource on state websites?

- Yes.
- No.

3. Has your state taken other steps towards improving access to group prenatal care?

- Yes, the state has enacted legislation to study group prenatal care reimbursement rates and policy changes to support group prenatal care.
- No, the state has taken no action towards implementing group prenatal care.
- Other: _____