



PRENATAL CARE IN A HEALTH DEPARTMENT SETTING

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GOALS

1. Review patient demographics at a suburban health department
2. Describe maternity care challenges at local health department
3. Discuss Centering Pregnancy at the ACHD
4. Briefly review effect of Medicaid Transformation

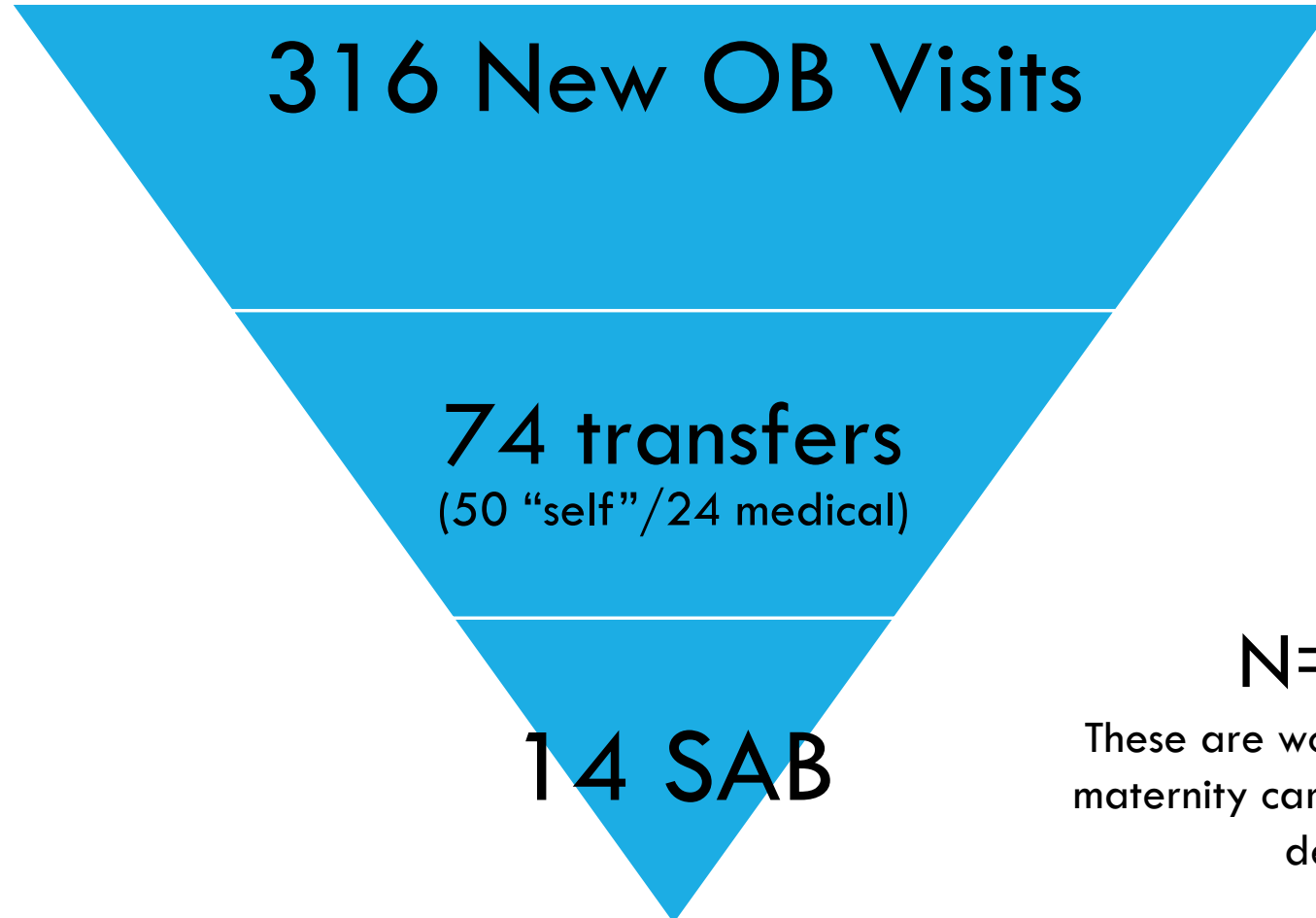
ALAMANCE COUNTY HEALTH DEPARTMENT

Our programs/clinics

- Women's Health/Family Planning
- STD
- Maternity
- Limited Child Health (entry to care)
- Nurse Clinic (Immunizations, Injections (ie 17 P, Depo), Pregnancy testing)

Additional on-site services: WIC, Medicaid Office, Healthy Beginnings, OB Care Management

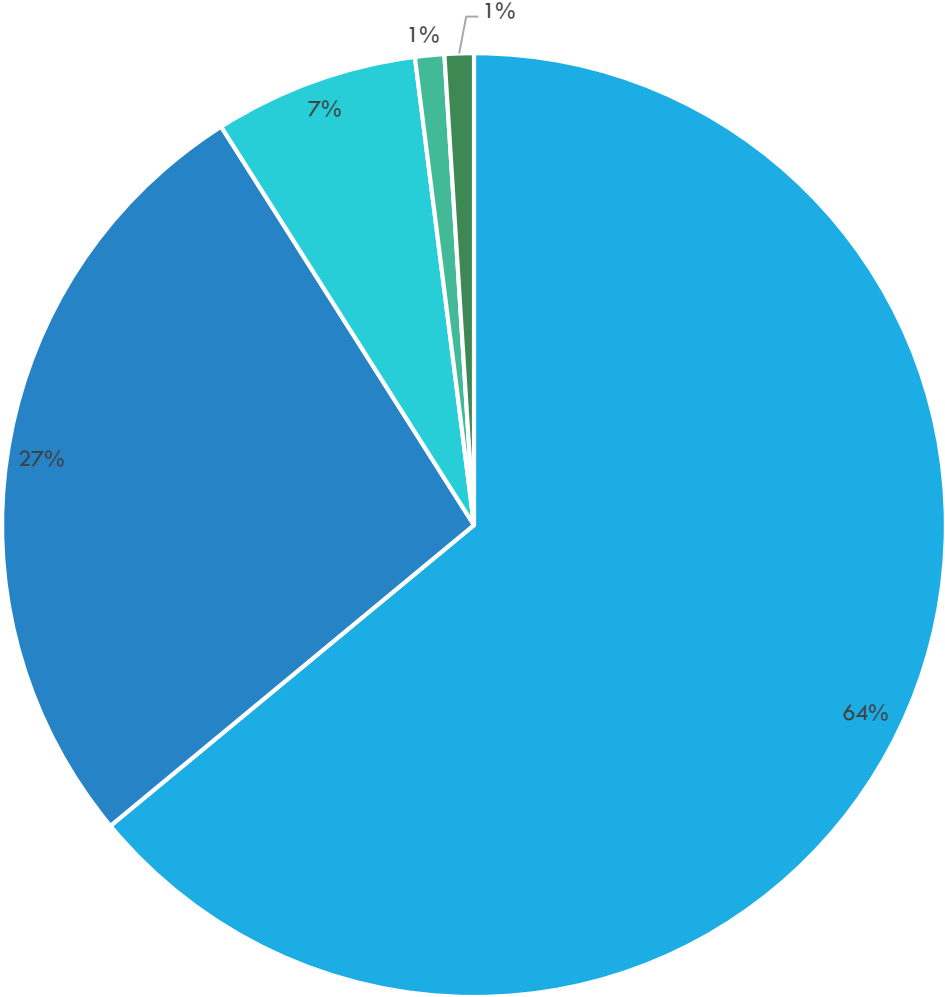
MATERNITY DEMOGRAPHICS



N= 228

These are women that received
maternity care at the ACHD and
delivered

Percentage of maternity clients at the ACHD by race



54% of maternity clients are Latina

65% English speaking
34% Spanish speaking

■ White ■ Black ■ Pt Declined ■ Asian ■ American Indian/Alaska Native

MEDICAL HISTORY OF PATIENTS

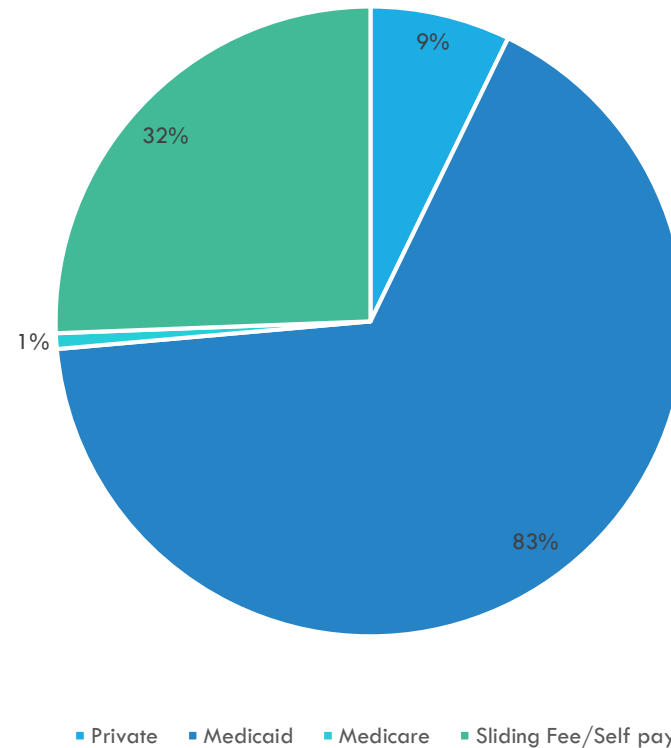
23% endorse substance use in pregnancy

10% history of preterm birth

57% endorse unintended pregnancy (wanting to be pregnant later)

Average GA at first visit 14 weeks → 12w6d if minus transfers to ACHD

PAYER SOURCE OF ACHD MATERNITY PATIENTS



DELIVERY STATISTICS

93% Full term deliveries

84% Vaginal Deliveries

Currently

60% of deliveries are at Alamance Regional Memorial Hospital in Burlington

- Deliveries are performed by three community practices

40% of deliveries are at UNC with the UNC Family Medicine Service

POSTPARTUM

We can have women seen at WIC for breastfeeding peer counselor visits and then in maternity clinic for provider evaluation is needed.

Routinely scheduled PP visits at 6 weeks

2018 averages

PP visits at ACHD 72%

Other agency 10%

No PP visit 18%

MATERNITY CARE: CHALLENGES

Transfers to high level of care

- 1) Self Pay patients
- 2) Travel
- 3) Risk of chain transfers
- 4) Communication
- 5) Guidelines for PP follow up
- 6) Entry to care/Initial prenatal appt

CENTERING PREGNANCY

- ❖ Model of facilitative group prenatal care
- ❖ Women are groups based on EDD
- ❖ Women are still seen at ACOG recommended intervals (typically 10 sessions) plus a reunion
- ❖ Two facilitators per group trained in group facilitation. These facilitators are the same every group session
- ❖ Group sizes vary (4-13 women)

Centering
Pregnancy®

<https://www.centeringhealthcare.org/>



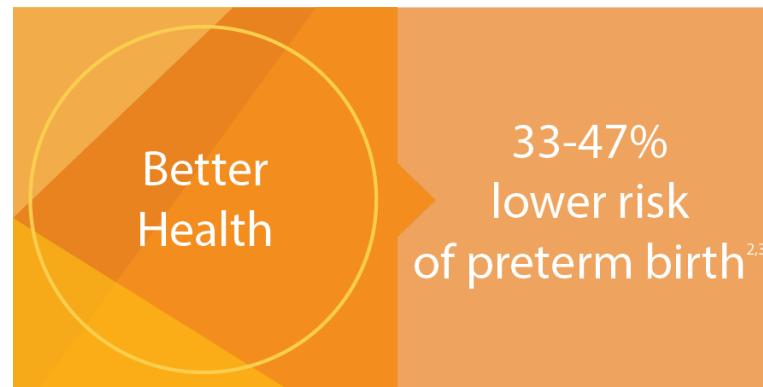
WHY CENTERING?

- ❑ Centering provides both medical care and childbirth preparation/education
- ❑ Group care provides social support

What does the data say?



CENTERING MEETS THE GOAL OF THE TRIPLE AIM



¹ 2015 Data from CenteringCounts™

² Picklesimer, et al. *The effect of CenteringPregnancy group prenatal care on preterm birth in a low-income population*, 2012.

³ Ickovics, et al. *Group prenatal care and perinatal outcomes: a randomized controlled trial*, 2007.

⁴ Using 2013 Peristat data, calculated the difference between the U.S. preterm birth rate (11.4%) and Centering preterm birth rate (6.8%) for 50K women. Considering the cost of PTB is \$54,149/birth, the cost savings is \$124,542,700 savings.

DATA DRIVEN



97.7% patient satisfaction

Preterm Birth

MOD GOAL 5.5%
CHI RATE 7.1%
US RATE 11.4%

Low Birth Weight

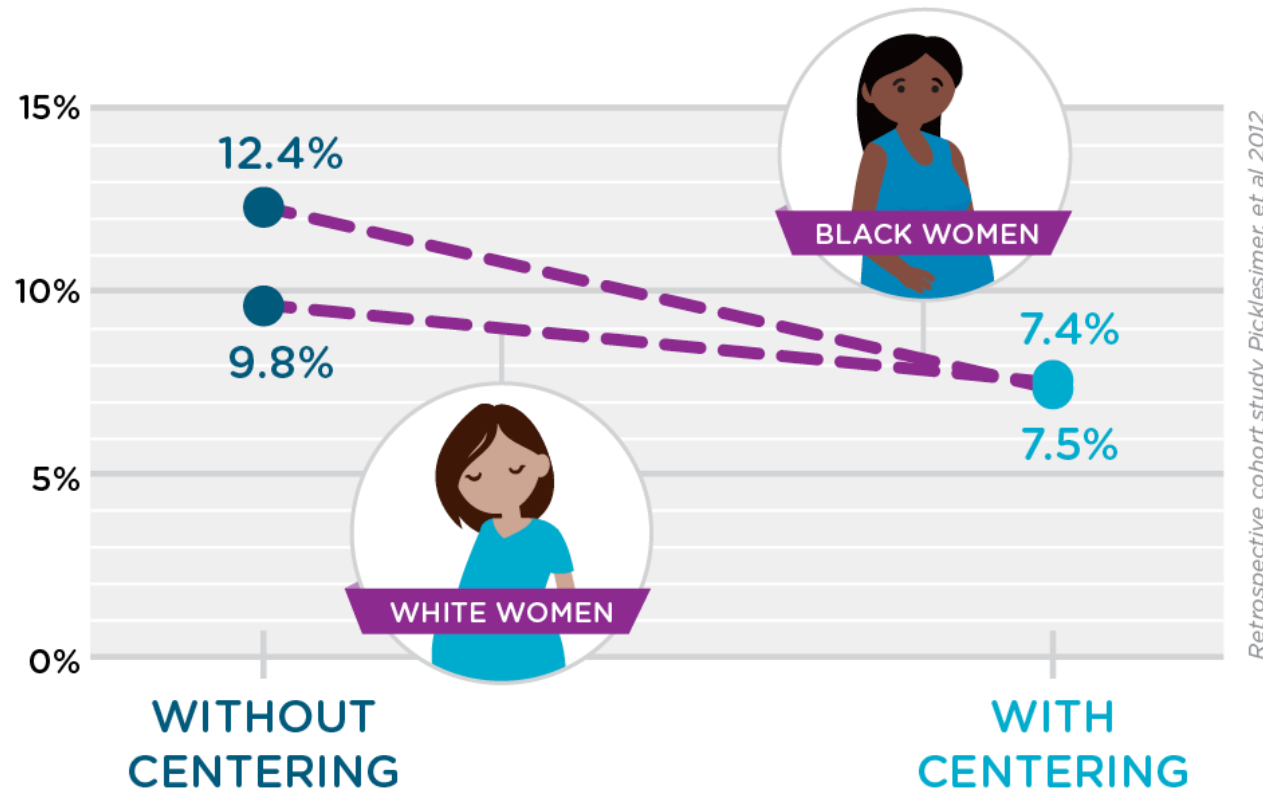
HP2020 GOAL 7.8%
CHI 6.2%
US 8%

Breastfeeding

HP2020 GOAL 82%
CHI 87.2%
US 80%

DATA DRIVEN CARE

Preterm Birth <37 Weeks By Race



Picklesimer, et al. American Journal of Obstetrics & Gynecology.

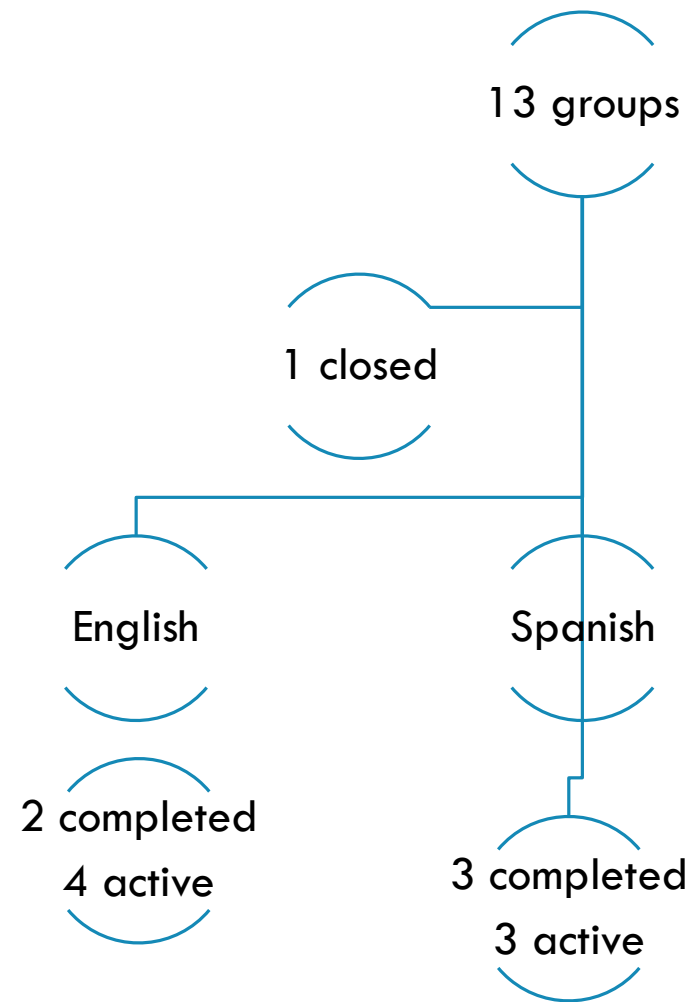
ACHD CENTERING

- ❑ Started in 2007 with March of Dimes Grants
- ❑ Hiatus from 2015-2018
- ❑ Reinvigorated program in 2017-2018
 - Invested in In House Trainer (Nov 2017)
 - Committed to training all ACHD staff in Centering facilitation
 - Increased medical provider pool with Centering facilitation training (currently 4 medical providers trained and 3 with groups)
 - Centering Relaunch Day in May 2018
 - Centering consultant (Amy MacDonald CNM from CHI) to provide support/recommendations to help program
 - Site visits to Durham and MAHEC
 - Commissioned a video to help
 - Established Standard of Care Task Force



CENTERING IN 2018-CURRENT

Currently 1/3 of our prenatal patients are participating in Centering



MEDICAID TRANSFORMATION

- ❖ Health Director- preparing along with other LHD leaders to negotiate with MCOs
- ❖ Webinars- watched by Leadership team
- ❖ Preparation for quality based metrics
- ❖ Transition to Epic
- ❖ Partnerships with local hospital system to improve referrals to organizations (NCCare360)
- ❖ Exploring possibilities for increased reimbursement for evidence based care (Centering)

TAKE HOME MESSAGES

1. When you know one health department.....you only know one health department.
2. We provide safety net services and want to partner with you
3. Centering pregnancy -

THANK YOU FOR THIS OPPORTUNITY

Questions?

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Medical Director

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