

Building an Enhanced Model of Group Prenatal Care – HFHS' Women's Health Services & *Women-Inspired Neighborhood (WIN)Network: Detroit*

Integrating Community Health Workers in a Group Prenatal Care Model to Address Social Determinants of Health for Vulnerable African-American Patients in Detroit, MI



Black Mothers' Breastfeeding Association Annual Seminar
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Presentation Outline

- Overview of Group Prenatal care
- Traditional Role of CNM & CHW
- Enhancements within Group-based Care
- Outcomes
- Lessons Learned




Vision Statement

Anchored in addressing the social determinants of health and reducing infant mortality, Henry Ford Health System... will provide women in Detroit with an enhanced, evidence based model of group prenatal care where community health workers serve as key change agents and help make the link between the clinical and social needs of participants resulting in zero preventable infant deaths and improved health outcomes for all participants who deliver at Henry Ford Hospital.




Benefits of Group Prenatal Care

- Improved birth outcomes
- Decreased risk of low birth weight infants
- Decreased risk of preterm births
- Increased breastfeeding rates
- Especially impactful with minority patients

Still, both of our teams were looking for a way to further address the needs of our most vulnerable populations




Birth of a Partnership

- HFH partnered with WIN Network to offer CenteringPregnancy® to simultaneously help address the medical & psychosocial concerns for women in a group setting
- Targeting a mostly Medicaid-eligible patient population, additional measures were planned to focus on social determinants
- Opened better communication between CHWs and CNMs for better patient care, better patient outcomes, and lower costs




CNM Role with Traditional PNC

- 20-30 patients per day in 15 minute time slots
 - 8-10 min with each patient to complete PE and teaching
- Monthly visits until 28 weeks, every 2 weeks until 36, then weekly until delivery
- Discuss similar concerns/complaints with each patient multiple times per day
- Teaching important aspects of PNC to individual patients
- Standard teaching format (info given → questions asked)




CNM Role with Group Model

- Individual NOB visit with CNM
 - H&P, Physical exam, Lab and US review
 - Risk assessment
- Provides care during "belly time"
 - Fht auscultation
 - Address private concerns
 - f/u with loose ends (i.e. labs, US results)
- Co-facilitator during circle time
 - Facilitate discussion around specific topics
 - Activities related to topics of discussion
 - Encourage participants to learn from one another while confirming or dispelling myths
 - During course of 10 session, you get to know the women and their support person
- Communication with CHW







Role of a CHW

- Advocate
- Confidant
- Client centered/community focused
- Liaison
- Motivator
- Recruiter
- Mentor
- Home visitor
- Connector
- Educator: maternal child health, health, goal setting, skill building





CHW Role in Group Model

- CHWs serve as co-facilitators
- CHWs integrated with clinical team
 - Also trained as doulas
- CHWs provide added support of:
 - Home visits
 - Coaching
 - Advocacy
- CHWs involved throughout prenatal care, delivery and through baby's first birthday







What are the Enhancements?

<p>Traditional GPC:</p> <ul style="list-style-type: none"> ▪ 10, 2-hour sessions ▪ Women grouped by gestational age ▪ Covers planned topics including ACOG standards ▪ Women perform self-weight and BP checks ▪ Provider performs fundal height and fetal tone monitoring ▪ Co-facilitators are typically two clinicians or a clinician and other healthcare professional (e.g. social worker) 	<p>Features of Enhanced Model:</p> <ul style="list-style-type: none"> • CHWs integrated as co-facilitators • Added focus on social determinants during 10 group sessions • CHW home visits throughout pregnancy and until first birthday • Corresponding home visiting curriculum • CHW follow-up between sessions • Community-centric group activities • Information sharing between clinic and community outlets
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Home Visiting Component

- Community Health Workers do home visits with all moms that are enrolled in Group Prenatal Care
- CHWs provide a **minimum of 7 1:1 contacts with participant** (3 prenatal, 4 postpartum)
- 1:1 contact frequency changes based on need level (determined at baseline through needs assessment with each mom).
- Mid level need = **min. 9, max. 11 contacts** (5 prenatal, 4-6 postpartum)
- High level need = **min. 12, max 16 contacts** (8 prenatal, 4-8 postpartum)



Outcomes Data

- 6 Groups running beginning April 2016
- 63 Women enrolled
- 34 fathers attended at least one session
- First Group Completed on 9/26/16
 - 10 moms enrolled and completed Group Prenatal Care (10 sessions)
 - 10 babies born 6 lbs+
 - 10 babies born to term (>=38 weeks)
 - 0 babies in NICU
 - Average Birth Weight: 6.6 lbs, 9oz.
 - Average Gestational Age: 39.6 Weeks
 - 100% of mothers initiated breastfeeding!!!**



Birth Weights and Gestational Ages of GPC Babies

Baby Number	Birth Weight	Gestational Age At Birth
1	7 lbs, 12 oz	40 weeks
2	7 lbs, 7 oz	40 weeks
3	6 lbs, 12 oz	38 weeks
4	6 lbs, 4 oz	40 week
5	7 lbs 14 oz	39 weeks
6	8 lbs, 10 oz	41 weeks
7	7 lbs, 10.4 oz	40 weeks
8	7 lbs, 4 oz	40 weeks
9	6 lbs, 7oz	39 weeks
10	5lbs, 13 oz.	39 weeks

Average Birth Weight: 6.6 lbs, Average GA: 39.6 Weeks



Group Prenatal Care Patient Satisfaction



Lessons Learned

- Team building and understanding roles extremely critical to success of program
- Well defined eligibility and attendance policy needs to be set at the beginning based on the needs of participants
- Intentional trainings exposing both cultures (clinical and community) to one another is needed at the beginning and throughout progression of program
- Protocols for problem solving should be completed from beginning and should evolve as issues arise



all for you

