

Pregnant in a Pandemic: Virtual Centering Pregnancy Program Development and Pilot

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ABSTRACT

CenteringPregnancy has been shown to improve a variety of outcome measures for both babies and pregnant people. However, a variety of barriers exist for patients accessing this model, most recently including a global pandemic. Our aim was to develop a model of online, facilitation-style group prenatal education to provide the benefits of CenteringPregnancy virtually for use during the pandemic and beyond. Six prenatal groups are currently in session, with deliveries expected to begin around March 2021. Surveys were designed to assess selected outcomes measures including patient satisfaction with the virtual group setting, birth outcomes and any challenges with this format.

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INTRODUCTION

CenteringPregnancy provides group prenatal care to thousands of people across the country. When the COVID-19 pandemic began, these groups were disrupted, leaving gaps in care and patient education. During a time when many are suffering from isolation, we feel CenteringPregnancy is more important than ever and want to adapt the sessions to a virtual format and create a sense of community during this exciting and uncertain time.

It is well established that telehealth is an integral part of healthcare, improves access, and reduces costs associated with patient time and travel. Previous studies have demonstrated a safe reduction in the frequency of in-person prenatal care visits among low-risk patients without a reduction in patient satisfaction (1). By adapting the CenteringPregnancy to a virtual format, we hope to create a program that improves access to prenatal care in our community. Access to care is already a challenge for many rural residents of NH and VT, made even more difficult by nine NH hospitals closing their L&D service since 2000 (2). Until last year, there was no established virtual group prenatal care model, leaving an area of untapped potential for women's health.

METHODS AND MATERIALS

1. Collected existing research on telehealth implementation and schedules and obtained IRB approval
2. Piloted the program with a previous Centering group for a postpartum reunion using Webex for Healthcare
3. Gathered ideas using videos, seminars, and discussion boards from the CenteringHealthcare Institute website
4. Outlined each session with activities adapted for the Zoom platform
5. Created online survey to assess pilot groups
6. Launched groups using Zoom for Healthcare

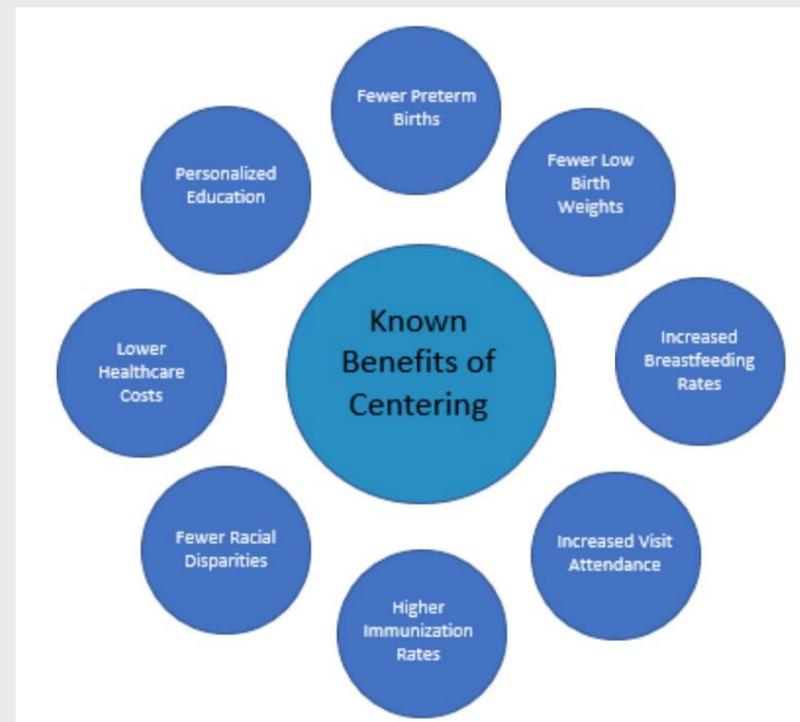
PILOT GROUPS

Participants: 43 women across 6 groups with due dates March 2021 - August 2021. Ages 20-40 (mean age 32), 37 first time mothers.

Race: 5 Asian, 2 Black, 30 White.

Ethnicity: 42 Non-hispanic or latino, 1 Hispanic or latino. Women came from up to 60 miles away.

Schedule: Patients meet for one hour via Zoom monthly up until ~28 weeks and biweekly until delivery after that (10 sessions). They are scheduled for a 1:1 visit with the provider either via telehealth or in person on the same day as the virtual group meeting.



DISCUSSION

We have yet to collect survey data from the participants, however we have been participating in two of the groups and have observed strengths and challenges of the virtual format.

Strengths:

- Patients quickly adapted to technology
- Easier for partners to attend sessions
- Less childcare conflicts

Challenges:

- Insurance billing logistics
- Shortened sessions (1hr vs. 2hrs)
- Lack of organic conversations/mingling

NEXT STEPS...

Collect survey data from women postpartum.

DHMC CenteringPregnancy is continuing to recruit for upcoming virtual groups.

We hope virtual groups can continue in some capacity beyond the COVID-19 pandemic.

REFERENCES

- (1) Marko et al. *A mobile prenatal care app to reduce in-person visits.* 2019
- (2) McMorro, *Labor and delivery unit closures in rural New Hampshire.* 2020