

Paper Session A1: The Influence of Health Disparities: A Call to Action

“In a Hard Spot”: Implementing Group Prenatal Care in Two Urban Clinics

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Purpose: The purpose of this presentation is to describe implementation of group prenatal care (GPNC) in two urban clinics, and to generate an understanding of issues influencing implementation.

Background: CenteringPregnancy is an innovative model of GPNC that has been implemented in over 300 sites and has been demonstrated to improve pregnancy outcomes and provide a positive experience of care. Yet, because Centering requires such significant adaptations in health systems designed for individual care, GPNC can be difficult to implement with fidelity.

Methods: Data were gathered through participant-observation of 4 GPNC groups offered through 2 different clinics serving low income African-American and Hispanic women. In addition to observation at 35 GPNC sessions, multiple semi-structured interviews with 21 women participating in GPNC and 2 group leaders were completed. Data analysis was guided by the principles of Situational Analysis and supported by the use of a software program for qualitative data management.

Results: Both group leaders and women identified shortcomings of the program related to limited clinic resources and factors in women’s lives which impeded access to health care. Areas where resources were sometimes inadequate included: recruitment procedures, group space, staffing, and materials for conducting groups. Group leaders, who viewed GPNC as providing important benefits for low income, minority women, found themselves “in a hard spot” as they struggled to balance recommendations for implementing GPNC with these limitations. They described specific strategies they used in their settings to sustain GPNC, including advocating, improvising, compromising, and modifying the CenteringPregnancy program.

Conclusion and Implications: Limited resources and group leader responses to these limitations can affect women’s experience of care, group stability, and group leader’s experience. Future research should explore how GPNC is implemented in diverse settings and the impact of variations in implementation on clinical outcomes, the experience of receiving and providing GPNC, and sustainability within clinical settings.