



Centering Parenting®

Family Centered Well-Baby and Well-Woman Care

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Mission and Goals

- **CenteringParenting® is an evidence-based group-care model of well-child and well-woman care created by Centering Healthcare Institute, that incorporates health assessment, education and support.**
- **The mission of CenteringParenting® is to provide family-centered pediatric and well-woman care to better meet the health and social needs of our socioeconomically disadvantaged patients.**

The goals of implementing the program were:

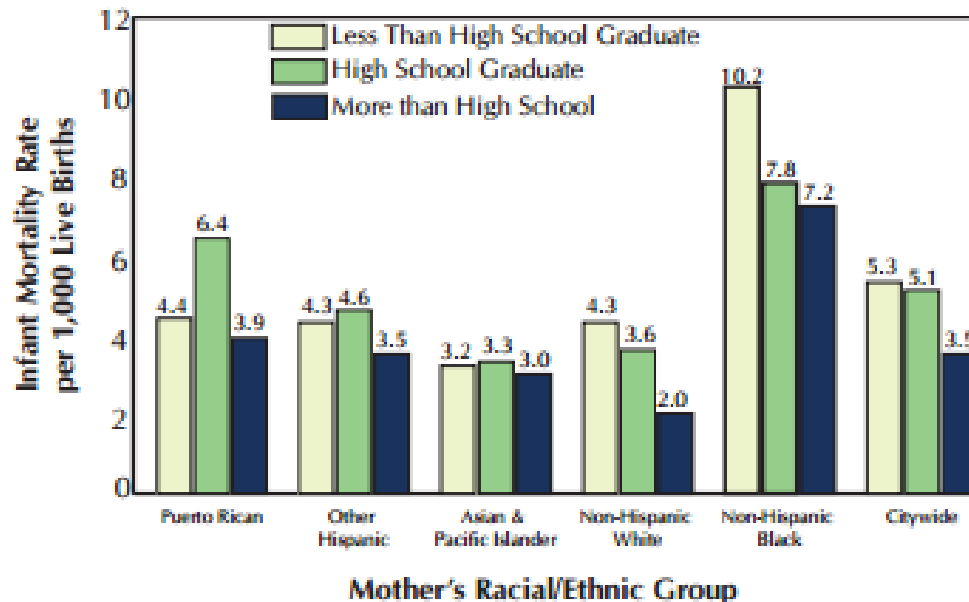
1. Provide care that intentionally responds to the issues of **infant health disparities, postpartum health, and the importance of social support networks**
2. Empower families with the skills and knowledge to be active participants in their children's healthy development
3. Help clinicians shift their thinking to a prevention-based, family-centered and developmentally-oriented direction
4. Foster community and partnerships between families, clinicians and the community
5. Build participants confidence in parenting

Background :

Infant Health Disparities

- Maternal and infant health disparities remain pressing concerns in low-income communities of color in New York City.
- The populations with high infant mortality reflect the Institute's patient population.

Figure 4. Infant Mortality by Mother's Racial/Ethnic Group and Education, New York City, 2013



Background (cont.): Postpartum Health

- Postpartum and interconception care are increasingly recognized as significant components in optimizing future birth outcomes. Health education at this time promotes better health for both the mother and her children.
- Postpartum Depression affects up to 1 in 7 women (American Psychological Association) and in 2016 the expert U.S. Preventative Service Task force recommended greater screening and intervention.

Background (cont.): Social and Community Context

- Access to social support networks are widely recognized as a social determinant of health, with greater support being linked to better health outcomes.
- Peer based health education has many benefits, including greater reception of information.



About CenteringParenting®

- Families are grouped by their baby's birthday in two month blocks.
- Often, participants have already completed CenteringPregnancy® together, but it is not a requirement to participate.
- There are 6-8 mother-baby dyads in each group. Partners and support people are also invited to participate.
- Families meet for group visits instead of standard visits for the first year of their baby's life.
- Group visits are scheduled based on the same sequence of standard vaccinations and 1-1 visits.

CenteringParenting Session Content

Session One (2 weeks old): Welcome; Birth Stories; Infant Feeding and Sleeping

Session Two (1 month old): Feelings About Your Birth; Feelings About Sex; Contraception; Staying Healthy Postpartum

Session Three (2 months old): Infant Feeding and Sleeping; Motor Skills; Infant Massage; Age Appropriate Play

Session Four (3 months old): My Family and Parenting Styles; Reducing Stress; Your Baby's Personality

Session Five (4 months old): Who is My Baby? ; Family and Parenting Part 2; Baby Safety

Session Six (6 months old): Dealing with Conflict; Personal Goals

Session Seven (8 months old): My Child's Development; Child Proofing

Session Eight (10 months old): Who am I? ; Baby Feeding and Sleeping; Baby Safety

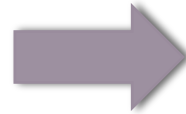
Session Nine (1 year old): My Baby and Me, One Year Later

About CenteringParenting® (cont.)

CenteringParenting Sessions: How It Works

Parents are engaged in care by taking their baby's vitals with staff support. Moms also take their own blood pressure and weight.

Vitals



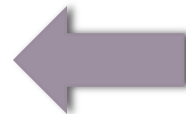
Health Assessments

Each infant has a well child assessment identical to a standard visit. Mothers can also be seen by the provider.



Immunizations and Labs

Immunizations and any lab work are performed at the conclusion of the group.



Group Activities

The staff members lead the group in a discussion and interactive activities focus on well child care *and* postpartum wellness.



About CenteringParenting® (cont.)

This is an example activity discussing Family and Parenting Styles.

- The facilitator asks participants to complete the worksheet (right) and guides participants through thinking about infant care and the roles different family members play.
- It gives participants and their support people an opportunity to discuss and negotiate some of the tasks and reflect on their family structure.
- The facilitator encourages conversation between participants.

My Family and Parenting—Part 1

Put a check ✓ in the box to show who...

Who...	Me	Partner or Family Member	Both	Unsure or Other
Feeds the baby?				
Gives the baby baths?				
Changes the baby's diapers?				
Sings to the baby?				
Plays with the baby?				
Gets the baby ready for bedtime?				
Comforts the baby in the middle of the night?				
Takes care of the baby when she/he is sick?				
Decides how to discipline the children?				

Setting

Walton Family Health Center was chosen as the setting for this project for the following reasons:

1. Strong staff support for CenteringPregnancy[®]
2. Existing structure to implement it, including a Centering Steering Committee, conference room availability, and scheduling experience
3. CenteringPregnancy[®] patients often asked for the group to continue after their babies were born, essentially asking for CenteringParenting[®]
4. Walton Family Health Center has a very high number of well child visits compared to most Institute sites

Implementation

- A brief pilot of a mother-baby group was run at Sidney-Hillman/Phillips Family Practice in 2014 and CenteringParenting® began at Walton Family Health Center in January of 2015.
- Planning for CenteringParenting® took approximately six months and included the following:
 - Approval from the Medical Director, Yvonne Eisner FNP
 - Surveying patients to determine the best times for groups and the topics they were interested in
 - Drafting of group schedules for the first year
 - Creating a program budget
 - Reviewing and adjusting the curriculum for the program
 - Recruiting patients, providers, and nursing staff to participate

Impact and Successes

- CenteringParenting® has had a successful two years, with 8 out of 9 scheduled groups successfully completed.
- CenteringParenting® has reached 48 mothers and 49 babies.
- Providers have expressed enjoyment of the program and find that it allows for deeper relationships with their patients.
- Providers have anecdotally found that group participants are more likely to seek long acting contraception and breastfeed for longer duration.

Impact and Successes (cont.)

- Quality improvement projects have been implemented, such as adding regular Ages and Stages Questionnaire developmental screening to the session plans and establishing a workflow for referrals to the Early Childhood Development specialist.
- **Participants have expressed feeling more informed, confident, and empowered to make healthier choices for themselves, their babies, and their families.**



Challenges

- Attendance dwindles after the 4th group session (6 month visit) due to more time between visits, which weakens the sense of community.
- Given the spread of birthdates over 2 months, babies often have to come back to the clinic between groups for timely immunizations. This changes the incentive structure for group and disrupts the schedule.
- When the group was first implemented, we had to create a system for charting and lab work outside of the traditional medical space. This was initially a challenge but has since been resolved by teamwork between the provider, the co-facilitator and the nursing staff.

Discussion and Future Practice

- While the program has been successful in general, changes have been made to address the challenges observed in the first two years. Specifically:
 - The curriculum now includes all anticipatory guidance that would be given during a standard 1-1 visit.
 - Some activities were made more interactive and specific to our patient population.
 - Starting in the summer of 2017, group sessions will be more frequent in the first two months to provide increased support. Sessions will end at the 6th month visit to address the decrease in attendance and patient interest after this period.

Conclusion

- Through the hard work of the Walton Family Health Center staff, CenteringParenting® is actively working to provide better care to mothers and newborns.



- **Through this model, we offer care that includes and is built around the family unit, understands and addresses the wide range of social needs that impact health, and encourages our patients to be involved in their care and confident about their choices and abilities.**

Citations

- NYC DOHMH. January 30, 2015. “Infant Mortality Rate in New York City Reaches Historic Low”
- American Psychological Association. "Postpartum Depression." *Http://www.apa.org*. Web. 17 Feb. 2017.
- Siu AL, and the US Preventive Services Task Force (USPSTF). Screening for Depression in AdultsUS Preventive Services Task Force Recommendation Statement. *JAMA*. 2016;315(4):380-387. doi:10.1001/jama.2015.18392
- Centering Healthcare Institute.
Http://www.centeringhealthcare.org