



CenteringPregnancy® is innovative, group-based prenatal care

Based on the Centering model, which combines facilitated, group-based medical appointments with health assessments, interactive learning and community building, CenteringPregnancy provides group prenatal care which consists of:

- A group visit of 8-10 birthing people due around the same time
- Participants of different ages, races, and socio-economic backgrounds
- Visits that are 90-120 minutes, giving pregnant people 10x more time with their provider
- One-on-one time with the provider for a belly and baby check
- Assessment training for participants to learn how to record some of their own health data
- Facilitated “circle-up” discussions and activities
- Centering curriculum and materials that include everything from nutrition, common discomforts, stress management, labor and delivery, breastfeeding and infant care are covered
- Lasting community relationships

A model that works

Centering has tangible benefits for patients, care givers and the entire healthcare system.



**IMPROVED
HEALTH OUTCOMES**



**BETTER HEALTH CARE
EXPERIENCE**



**IMPROVED
JOB SATISFACTION**



**REDUCED COSTS
TO THE SYSTEM**

“You have other people who are going through the same thing as you are. Or maybe different. But their story may help you and yours may help them. It’s different experiences.”

Tiffany, Centering Parent,
UH Rainbow Center for Women & Children

Why CenteringPregnancy® works



CenteringPregnancy changes the way people receive their prenatal care. Centering disrupts inequitable systems, improves experiences and improves health outcomes.

Benefits of CenteringPregnancy

- Patients are empowered to actively take part in their healthcare, experience higher quality care and benefit from better overall health outcomes.
- Ninety-to-120-minute group care medical visits alleviate the burden placed on clinical providers to deliver care in a fast-paced, high volume system. Centering visits give patients the opportunity to be heard and clinical providers the chance to listen and evaluate their patients' needs.
- Patient-provider relationships are strengthened outside of the exam room leading to increased patient and provider satisfaction rates.
- Patients, healthcare administrators and insurance payors can experience cost savings due to improved health outcomes and potential enhanced reimbursements.

CHI offers and supports healthcare providers nationwide with:

- **Implementation support for system change**
- **Training in group facilitation and group care**
- **Site approval for model fidelity and quality assurance**
- **Practice management and support tools**
- **Curriculum materials and supplies that support providers and patients**

Evidence-based findings:

- **Reduced risk of preterm birth by 33–47%, further reduced risk for Black pregnant people**
- **Increased breastfeeding initiation**
- **Increased likelihood of LARCs (Long-Acting Reversible Contraception) use by 70%**
- **Reduced risk of NICU admissions by 37%**
- **Reduced emergency room utilization**



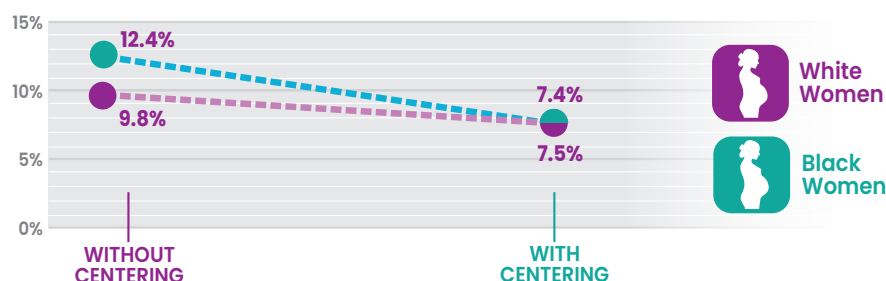
Centering has been proven to reduce the preterm birth rate and has shown a flattening of racial disparities for women in Centering with an overall preterm birth rate for black women virtually the same as white women.

Centering®
Healthcare
Institute

The evidence for CenteringPregnancy

In more than 100 published studies and peer-reviewed articles, Centering demonstrates improved outcomes, including a 33%-47% decreased risk of preterm birth, more consistent attendance at prenatal and postpartum visits, greater readiness for birth and infant care, higher breastfeeding rates and improved patient and provider satisfaction scores.

Preterm births before 37 weeks gestation by race

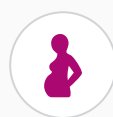


The Greenville study showed a flattening of racial disparities for women in Centering with an overall preterm birth rate for black women virtually the same as white women.

The combination of continually growing evidence base for CenteringPregnancy, along with CHI providing a supportive pathway for sites demonstrating model fidelity to become accredited, supports the case being made by CHI in a growing number of states for enhanced payment.

CENTERING® RESULTS IN MEDICAID SAVINGS WITH BETTER OUTCOMES

The Picklesimer (Crockett) study lead the State of South Carolina to create a Centering Pregnancy Expansion project as one leg of its Birth Outcomes Improvement Initiative. It provides funding to offset startup costs of Centering and provides an enhanced payment, both from Medicaid and the MCOs, for every Centering patient visit.



36%
REDUCTION
IN RISK OF
PRETERM BIRTH



44%
REDUCTION IN
RISK OF LOW
BIRTH WEIGHT



28%
REDUCTION
IN RISK OF
NICU STAY

25 PATIENTS in Centering® eliminates one preterm birth

FIRST YEAR SAVINGS OF
\$22,667

22 PATIENTS in Centering® eliminates one low birth weight baby

FIRST YEAR SAVINGS OF
\$29,627

30 PATIENTS in Centering® eliminates one NICU visit

FIRST YEAR SAVINGS OF
\$27,250

The Picklesimer study also provides for an ongoing research to monitor, evaluate and report on patient outcomes for Centering compared to patients in individual care. This ongoing longitudinal study demonstrates significant improvements in birth outcomes and reductions in medical costs attributable to CenteringPregnancy. This does not take into account the potential savings and long-term health benefits for the family because of the improved short-term outcomes.