We offer:

- 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 including CenteringCounts™ data collection and reporting
- Curriculum materials and supplies that support providers and patients

Leadership and collaboration is at the heart of our success. We are working with many dedicated individuals and organizations to build a future where group healthcare becomes the standard of care. We’ve created a movement that is impacting outcomes, the patient experience and provider satisfaction.

TOGETHER WE WILL CONTINUE TO LEAD THE CHANGE
Based on numerous studies, Centering saves the healthcare system millions of dollars and has been found to:

- Lower preterm births\(^2\),\(^3\)
- Equalize the race disparity of preterm birth amongst black and white women\(^2\)
- Increase breastfeeding rates\(^7\)
- Improve adolescent pregnancy health\(^8\)
- Better attendance at postpartum visits\(^8\),\(^9\)

### PRETERM BIRTH <37 WEEKS BY RACE

<table>
<thead>
<tr>
<th>Race</th>
<th>Centering</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black Woman</td>
<td>7.4%</td>
<td>12.4%</td>
</tr>
<tr>
<td>White Woman</td>
<td>7.5%</td>
<td>9.8%</td>
</tr>
</tbody>
</table>

\(^7\) 4.5% \(
7\) 12.4%

Retrospective cohort study Picklesimer, et al 2012

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Centering is improving maternal-child health outcomes.\(^2\),\(^3\) Preterm birth affects 11.4% of all births in the U.S. and is the leading cause of death in the first year of life. The cost of preterm births in the U.S. is $26.2 billion annually; $51,600 per infant. This burden includes medical and health care costs, intervention services, special education services and loss of work and pay of the families.\(^4\)

Centering is making an impact on health outcomes and cost savings among Medicaid patients.\(^5\) Medicaid finances almost 50% of all births in the U.S. and takes on a significant amount of the costs associated with preterm birth.\(^6\)

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1. Calculated the difference between the U.S. preterm birth rate (11.4%) and Centering preterm birth rate (6.8%) for 50K women. Considering the cost of PTB is $54,149/birth, the cost savings is $124,542,700 savings.
4. Institute of Medicine, 2007
6. Medicaid Health Plans of America, 2014
Centering group care delivers a better care experience for providers and their patients. Providers report higher satisfaction with their practice because it allows them to get to know their patients in a more relaxed and meaningful way. Instead of fifteen minute visits, providers are with their patients one and a half to two hours. Spending this time together allows for deeper connection and more time to discuss the topics that are important to both patient and provider.

Patients consistently report high rates of satisfaction in Centering group care. The longer time with their providers allows them to have their questions answered and to develop a partnership with the provider. Centering also provides patients:

- Better health outcomes
- Self-care
- Increased self-confidence
- Support and friendships
- An environment of learning & fun

“No matter how much I thought I knew or how many books I read, nothing could have prepared and supported me as much as CenteringPregnancy did.”

Centering Mom

“Centering empowers women, connects them to each other and fosters their strength.”

Centering Provider

“The care that I received and the support system I now have are so crucial to my motherhood and the decisions I make in my daughter’s life.”

Centering Mom
Centering, an evidence-based model of group care, is a paradigm shift that effectively addresses the complex social determinants of health. Visits meet nationally recognized standards and are facilitated by a credentialed health provider. The Centering model combines health assessment, interactive learning and community building to help support positive health behaviors and drive better health outcomes. It brings patients out of the exam room and into a group setting. They receive the highest quality of care and, as part of an ongoing group, form a supportive community where they develop skills and confidence to take control of their health.

**HEALTH ASSESSMENT**
Both provider and patient are involved in the health assessment. Patients receive one-on-one time with their provider and learn to take some of their own assessments. This engages them in their own self-care or care of their child.

**INTERACTIVE LEARNING**
Engaging activities and facilitated discussions help patients to be more informed, confident and empowered to make healthier choices for themselves, their children and their families.

**COMMUNITY BUILDING**
One person’s question is another one’s question. Patients quickly find comfort in knowing they are not alone. Participation in group care lessens the feelings of isolation and stress while building friendships, community and support systems.

**Centering Pregnancy** group care follows the recommended schedule of ten prenatal visits, but each visit is 90 minutes to two hours long—giving women ten times as much time with their provider team. Moms engage in their care by taking their own weight and blood pressure, recording their own health data, and have private time with their provider for belly check.

**Centering Parenting** provides family centered well-child care for the first two years. Parents are actively involved in their child’s assessment at every visit: tracking their growth, development, immunizations and oral health. Individual well-child health assessments, immunizations and developmental screenings follow the Bright Futures™ nationally recognized guidelines. An emphasis on self-care, wellness and women’s health is woven throughout.

“It was a discussion, a group of pregnant women together on a journey with health care providers investing in our well-being, our health and the health of our babies.”

CENTERING MOM