Preparing for Physiologic Birth: The Power of Groups

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Why Physiologic Birth?

SHORT TERM
  Feeling physically and emotionally healthy and powerful as a mother

LONG TERM
  Capacity to mother, enhanced infant growth/development, diminished incidence of chronic disease
  Benefits to the family

We need to..

- Change the dialogue from birth as an illness state that needs external intervention
- to one of wellness where women and clinicians share decisions and accountability
The Childbearing Childrearing Center

Four Philosophic Tenets of the Childbearing Childrearing Center

1. Dynamic union of consumer and provider holds greatest promise of personal growth for both

2. Patients and providers are equal partners in care and goal setting

3. Providers have unique opportunity for personal growth

   “This is the one thing in my week that brings me joy”

4. Evaluation of goals is continual and a joint responsibility

What did women want most?

Top three choices:
- Personalized care
- Control of their experience
- Family-centered care

“Nothing should be considered sacred if it is interfering with the ability to provide satisfying but safe care”

Patient Engagement: The “Blockbuster Drug”*

* “Relationships between and among health care providers and the women in the group are founded on the belief that each brings mutual knowledge and power to the relationship.” (Rising/Senterfitt)

* Dentzer, Health Affairs Feb 2013

Objectives for prenatal and well baby care

from Caring for Our Future: the Content of Prenatal Care, USPHS, 1989

The Pregnant Woman

Promote well-being  Increase self care skills

Develop parenting skills  Improve self image

Decrease maternal mortality/morbidity

The Fetus and Infant

Reduce abuse, neglect, injuries

Reduce IUGR, congenital anomalies, prematurity

Promote healthy growth/development
The Family

- Promote family development
- Reduce family violence
- Reduce unintended pregnancy
- Promote use of community resources

Maternity Care Was (and is)

- Expensive
- Disappointing outcomes
- Confusing and inefficient for patients
- Repetitive and frustrating for providers

The Centering Group Care Model

- Health Assessment
- Education
- Support

Three Components of Care
Health Assessment

- Individual health assessment with provider in group space
- Women collect and record own health data
- Care is reimbursed in the usual way

Education

- Time to talk in depth about issues of importance: birth, parenting, breastfeeding, relationship issues, nutrition and exercise
- Self-assessment sheets guide discussion
- Exploration of cultural beliefs and values enhances content
- Efficient way to share information

Support

- Stability of group provides opportunity for creating a network of friends
- Disclosure of personal challenges builds trust
- Fun, interactive sharing helps unite the group in moving toward common goals
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<thead>
<tr>
<th>Centering Care</th>
<th>Group care provides....</th>
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<tbody>
<tr>
<td>• Meets or beats productivity</td>
<td>• Better outcomes</td>
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<tr>
<td>• 10-12 patients for 1.5-2 hour visit</td>
<td>• Predictable schedules</td>
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<tr>
<td>• Better attendance</td>
<td>• Increased understanding of</td>
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<tr>
<td>• Opens exam rooms for other paying visits</td>
<td>cultural beliefs/values</td>
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<td>• Reimbursed healthcare visits</td>
<td>• Opportunity to build relationships</td>
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<td>• Same or higher reimbursement</td>
<td>• 10X more prenatal care time to learn and gain confidence</td>
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<td>• No waiting times</td>
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<td>• Access to care</td>
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<tr>
<td>• Efficient for patients and providers</td>
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<td>• Continuity of care with same provider</td>
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<td>• Fun</td>
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