

Q: Have you heard of Centering Pregnancy? Welcome to SBH Bronx Health Talk produced by SBH Health System and Broadcast from the beautiful studios at St. Barnabas Hospital in the Bronx, I'm Faith Daniel. The United States ranks 26 out of 29 countries in terms of infant mortality. The rate of preterm births and black women is nearly 50% higher than among white women. Numbers like this in the world's richest country are unforgivable. Yet it's also the reason behind the decision by a relatively handful of hospitals around the country to introduce centering pregnancy, an innovative program that is intended to improve health outcomes. Early adopters of the program have seen a decrease in the rate of preterm birth, and low weight babies, and increase of breastfeeding, and improved immunization rates. With me today to discuss the details of centering pregnancy is Carly Wilson, a certified Midwife and coordinator of SBH's program, welcome Carly.

*A: Hi, thanks for having me.*

Q: Thank you for joining us. So let's just dive right into it and my first question is what is Centering Pregnancy, and why is SBH embarking on this journey?

*A: So Centering Pregnancy is group prenatal care. It follows the guidelines and the topics discussed in traditional prenatal care but rather than have patients see their provider for 15 minutes at most in a rushed clinic visit, patients see their provider as part of a longer 2 hour group visit in which there's time to talk with other prenatal patients to discuss issues that might come up and have private time with their provider, so this is an opportunity for patients to get more care and better care. SBH is doing this now because it's really becoming the standard of care for prenatal care. This has been done across the country its being done in or any other hospitals in New York and the Bronx, and it's been*

*shown to improve outcome so it's something that we want to adopt.*

Q: And how often are classes held, and how many moms are usually there and from one session?

*A: So the groups are held at a standard prenatal care schedule, so people will come in every month for the first few months, then every two weeks, and then weekly, the same way you would at your regular provider visit. There's usually eight to ten moms in a group and their support people, so people can bring a partner or a friend someone that will be consistent for every visit.*

Q: and who would qualify to participate?

*A: Most moms are eligible to qualify as long as they start in the beginning of their pregnancy with us. Mostly low-risk moms, first-time moms, moms who have already had a few children, people with health conditions like obesity or asthma, they are all eligible to participate. And actually sometimes people that, we've had studies that show a decreased risk in exacerbations of these health conditions or improvement of these conditions if they're in a group. So if you're concerned about whether you're eligible, the best thing to do would be to make an appointment, to come find out but we want people to start when they're around 12 to 16 weeks, so the groups start based on your due date. So if you're already 32 weeks 40 weeks your full-term ready to deliver when you're coming to St. Barnabas, Centering won't be for you, but for everyone else we'd be really happy to see you.*

Q: And what would be considered a low-risk pregnancy?

*A: Well it's not so much low-risk that's sort of a bad term, it's lower risk, and even people who are higher risk can benefit from Centering Pregnancy because the communities that are fostered, and the extra education, and care they get can lower their risks.*

*People who might be less of a good fit would be people who are going to need much more frequent visits, though they could still participate in the group aspects.*

Q: would be like when they sign up, and then they're ready to go, and it's their first day, and they walk in. What would it be like?

*A: So the group space is a really welcoming space, it's an open circle, people are gonna walk in, be greeted by their provider, they're gonna have an opportunity to weigh themselves; you'll learn how to do this on your first visit. You're gonna dip your own urine, take your own blood pressure, and we have people do this because it gives them a sense of agency. It has them actually know what those numbers mean, rather than just have someone doing something to you, you're taking some ownership of your own prenatal care. So once that's in our system people will do an activity while they wait to be seen, and that could be a conversation, that could be something like identifying what foods they've been eating, or doing a mindfulness exercise to reflect on how the past few weeks have been. And one by one patients will be called to a private area within the group room but behind a curtain, where they have one-on-one time with their midwife, and this time is to listen to the baby's heart rate, to check that the baby's growing well, this is the time to ask any private questions, so there still is private care time with your provider. And then people will return to the group, the whole group will circle up and discussions will be facilitated about many topics like nutrition, contraception, stress reduction, exercise, infant care, preparation for labor and delivery, parenting strategies. So this gives patients an opportunity to learn from their Midwife sure, but mostly learn from each other, and also be able to share some of their experiences and their concerns.*

Q: It sounds amazing, especially like the dual aspect of being able to have your private time, ask those questions, but also bring those questions to the group, and in many instances there's

questions that some people are nervous to ask, and that one person asking solved like so many problems for other people so it's also nice to have that autonomy as well, I think.

*A: Yeah it's nice, because it helps people realize how universal many things in pregnancy are, you don't have to be alone wondering why you feel nauseous, you don't have to be alone wondering why your back hurts, you can say you know my back's been hurting has anyone else felt this way? and someone might say, oh yeah I actually you know I've had three kids before and actually I found that what really works is doing this type of stretch or I really found that what works is taking ginger pills for nausea, and then you get that information from your peers. And it also breaks down the hierarchy of having your midwife or your doctor tell you know this is what you do and you just you just listen to it, this gives you an opportunity to be more present in your care.*

Q: And discussion and had with you before I really liked when you said that it takes like the chore out of healthcare and it makes it kind of fun, like you get to like talk about these things, you could joke about things, you you're learning at the same time, you're getting your health care, like health care doesn't have to be scary.

*A: It's definitely fun, there are snacks at every visit, there are games that are played, there's always time for socializing because the goal is for people to build a community and build a support system. So we want people to become friends with the other moms in this group, we want it to be fun, we want it to be something that makes you want to come to care, as opposed to having to come, wait in the waiting room, you know get pushed into a room, you sit there and then you know you have your provider visit for just a few minutes, and maybe you've already forgotten what you wanted to ask because you were so nervous waiting for your provider the whole time. We want to take all of that away and we want to make it something that's much more relaxed, and comfortable, and social.*

Q: This exciting! If you think that's an exciting endeavor. How does one prepare for their first session?

*A: So for the first session before you go to the first session we want to know a little bit more about you, because the session is so group focused there isn't that time for taking your full medical history and doing all the initial blood work. So what we want patients to do is make an appointment at St. Barnabas to come in for an initial OB visit. So at that visit what's gonna happen is they're gonna confirm how far along in pregnancy a patient is, figure out the due date, take some blood work, ask many questions, and that way they can make sure that a patient is all ready for the first visit. And they learn a little bit more about when those visits are going to be held, where they're going to be at that first visit. And this also helps with the question, you're talking about with risk before because it's hard to say if you have this condition, you don't qualify if you have this condition, you do qualify. But at the first visit you can have a discussion with the provider to see whether centering would be the right thing for you. And I think that's the most important because we're trying to make care more individualized rather than just a set of guidelines. Faith: Right that's so important. Thanks! And is there a specific number they can call to make an appointment to come in for that visit.*

Q: So you don't need a special number other than the regular appointment desks just call and ask for an OB appointment and come in with any provider and everyone at St. Barnabas is excited to help you get set up for centering.

*A: Thank You Carly for joining us on SBH Bronx Health Talk. Again for more information on breastfeeding, centering pregnancy, or other prenatal care services, please call (718) 960-3730 or visit our website at SBHNY.org thank you for joining us.*

Carly: Thank you