Centering Pregnancy - Miami

United States
Carina Ryder
Organization type: government
Budget: $10,000 - $50,000

- Health care
- Health education
- Infant health
- Maternal health
- Reproductive health
- Sexuality
- Substance abuse

Project Summary

Elevator Pitch

Concise Summary: Help us pitch this solution! Provide an explanation within 3-4 short sentences.

Centering Pregnancy is a model of group prenatal care which is facilitated by an interdisciplinary health care team. Centering improves maternal and infant outcomes, engages patients in self-assessment and builds a supportive community of women of childbearing age and their families.

About Project

Problem: What problem is this project trying to address?

The concept of Centering Pregnancy has been established and practiced in many areas of the United States since the late 1990s. There are only three approved Centering sites in all of Florida, and there has never been a Centering site in Miami-Dade County. During the past three years, the maternal mortality rate in Miami-Dade County has been increasing, with statistically and clinically significant racial disparities, and remains higher than the overall maternal mortality rate in the State of Florida. The percentages of preterm births and births of low birth weight and very low birth weight babies are higher in Miami-Dade County than in the State of Florida. The population cared for by the Jackson South Community Hospital Midwifery Service is generally poorly educated, with more than 25% of women having less than an 8th grade education. While prenatal care is widely available in private and clinic-based settings, few services provide prenatal care that is culturally sensitive, and patients face language barriers. Centering Pregnancy would improve upon these parameters.

Solution: What is the proposed solution? Please be specific!

The uniqueness of Centering Pregnancy is found in its novel approach to prenatal care. Prenatal care is traditionally practiced one-on-one, between a physician or a midwife, and a pregnant woman (at times including her partner and/or other support persons). Prenatal care has proven to be cost-effective and to improve perinatal outcomes. The United States has the highest per capita spending on health care in the world, with care for mothers and newborns in the top categories of health care expenditure. Our infant and maternal outcomes do not reflect this investment. Intensifying traditional prenatal care (ie. through more frequent visits) has not yielded additional cost-effectiveness or further improvement in perinatal outcome. If intensifying our efforts is not effective, perhaps we need to change our approach. Centering Pregnancy, a form of group prenatal care, redesigns the provision of prenatal care. Based on continuity of care, customization of care, relocating the locus of control of care to the patient and providing ongoing evaluation in an environment of cooperation and facilitative leadership, Centering Pregnancy has proven to reduce the incidence of preterm delivery, and reduce the incidences of low birth weight and very low birth weight babies. Other potential benefits of Centering Pregnancy still being examined include facilitating behavioral change in groups (ie. diet, exercise, smoking), initiation and continuation of breastfeeding, impact on family dynamics, provider satisfaction, and cost benefit effectiveness.

Impact: How does it Work

Example: Walk us through a specific example(s) of how this solution makes a difference; include its primary activities.

The group of four Certified Nurse-Midwives at Jackson South Community Hospital currently provides perinatal care for hundreds of women every year, in an inpatient setting. We are the only 24/7 nurse-midwifery service in Miami-Dade County. We have the lowest cesarean section rate in the county, without concomitant increase in maternal, fetal or neonatal morbidity or mortality. We would like to expand our service to include outpatient prenatal care in the Centering Pregnancy model, in order to improve the health care outcomes and health care experiences of the women and families in our community. Centering Pregnancy, nationwide, has the demonstrated benefits of reducing the incidence of preterm delivery, and reducing the incidences of low birth weight and very low birth weight deliveries. Centering Pregnancy is not yet established at our site, so the impact of this model of care is yet to be realized.
About You

Organization:
Jackson South Community Hospital - Midwifery Service

Section 1: You

First Name
Carina

Last Name
Ryder

Email
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Website URL
Organization
Jackson South Community Hospital

Country
, FL, Miami-Dade County

Section 2: Your Organization

Organization Name
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Organization Phone
305-256-5356

Organization Address
9333 SW 152nd Street, Miami, FL 33157

Organization Country
, FL, Miami-Dade County

Your idea

Country and state your work focuses on
, FL, Miami-Dade County

Website URL

Innovation

Do you have a patent for this idea?

Impact

Actions
The midwifery service at Jackson South Community Hospital is preparing to open a hospital-based clinic. This will allow for the provision of outpatient women's reproductive health care services, including prenatal care. The availability of prenatal care will provide a continuity of care through pregnancy, labor, delivery and post partum that many women in our population can not otherwise access. The target date for opening the clinic is November 1, 2010. We will offer both traditional prenatal care and Centering Pregnancy as options for prenatal care.

We are working on a protocol to provide vaginal birth after cesarean section (VBAC) services at Jackson South Community Hospital. The July 2010 reconsideration of VBAC guidelines by the American Congress of Obstetricians and Gynecologists has allowed us this possibility. As cesarean section is associated with increased maternal morbidity and mortality, increasing the VBAC rate, thus decreasing the repeat cesarean section and overall cesarean section rates would positively impact these measures. It is plausible that Centering Pregnancy, with an emphasis on education and support, would positively impact VBAC rates.

Results
We strive to obtain the goals set forth by the World Health Organization and in the anticipated U.S. Department of Health and Human Services’ Healthy People 2020. Objectives of these goals include, but are not limited to, reducing maternal deaths, reducing the racial disparity in maternal deaths, achieving universal access to reproductive health care, reducing maternal illnesses and complications due to pregnancy, reducing preterm birth, reducing the cesarean birth rate, increasing the proportion of women who receive early and adequate prenatal care, increasing the percentage of women who obtain postpartum care and increasing the proportion of women who breastfeed their babies.

What will it take for your project to be successful over the next three years? Please address each year separately, if possible.

2010 - Secure funding for Centering Pregnancy model implementation. Establish Steering Committee. Select staff for training. Obtain informal feedback from staff and community regarding acceptance and expectations of this model of care.
2011 - Contact Centering Healthcare Institute for readiness assessment. Schedule onsite visit for audience of healthcare providers, Steering Committee and community members. Hold basic instructional workshop for professional healthcare staff. Enroll patients. Start groups.

2012 - Ongoing basic training for new staff. Hold level II facilitation workshop to enhance healthcare professional skill development and problem solving. Continue existing groups and start new groups. Anticipate program to be financially self-sustainable through commercial and medicaid reimbursement for prenatal care and childbirth education.

2013 - Continue all levels of staff training. Continue patient enrollment and initiation of new groups. Anticipate continued financial self-sustainability. Include site specific data in national benchmarking.

What would prevent your project from being a success?
There are potential barriers to our success, but none should be insurmountable. Should we be unable to obtain the funding required to implement Centering Pregnancy (estimated cost $31,000), we would not be able to implement the program. If there is a reluctance on behalf of the professional healthcare staff to embrace Centering Pregnancy as a viable model of prenatal care provision, our success will be hindered. Should we realize a disinterest in the community of childbearing women in the concept of Centering Pregnancy, the project will not succeed.

How many people will your project serve annually?
101-1000

What is the average monthly household income in your target community, in US Dollars?
$1000 - 4000

Does your project seek to have an impact on public policy?
Yes

Sustainability

What stage is your project in?
Idea phase

In what country?
FL, Miami-Dade County

Is your initiative connected to an established organization?
Yes

If yes, provide organization name.
Centering Health Care Institute

How long has this organization been operating?
More than 5 years

Does your organization have a Board of Directors or an Advisory Board?
Yes

Does your organization have any non-monetary partnerships with NGOs?
No

Does your organization have any non-monetary partnerships with businesses?
No

Does your organization have any non-monetary partnerships with government?
No

Please tell us more about how these partnerships are critical to the success of your innovation.
The Public Health Trust (the hospital's Board of Directors) is the governing body of Jackson Memorial Hospital System, Miami-Dade County's only public health hospital system and the fourth largest public health hospital system in the United States. The Trust is composed of citizen volunteers who work for the benefit of the general community to support, maintain and manage balanced health care services in the community. The midwifery service at Jackson South Community Hospital is working in collaboration with the Public Health Trust and the hospital system administration to promote a sustainable health care system by exploring, implementing and evaluating all revenue enhancing measures and cost-saving strategies, while maintaining our commitment to the healthcare of the community.

What are the three most important actions needed to grow your initiative or organization?
1. While staff and other overhead expenses (space, insurance, administration) are contained within our current budget, additional financial resources are necessary in order to implement the Centering Pregnancy program. Centering Pregnancy model implementation will cost approximately $31,000. This figure includes two years of consultation from Centering Healthcare Institute, staff training, support and materials to supply the first five groups.
2. The concept of Centering Pregnancy will be new to many of our professional healthcare staff (physicians, nurses, educators and administrators). As the Centering model has demonstrated increased healthcare provider satisfaction, “selling” the idea to the staff and educating them about this model of care is anticipated to be successful.
3. This concept of care will also be new to our community of childbearing women. We will be able to recruit patients through our anticipated outpatient clinic, through our hospital emergency room and through our community partners (churches, women's groups, etc.).

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**The Story**

**What was the defining moment that led you to this innovation?**

In April 2010, it was announced that labor and delivery (obstetric) services at Jackson South Community Hospital would be discontinued, or, rather, consolidated into the obstetrical services at the hospital system's main facility, 21 miles north of Jackson South Community Hospital. Though the excellent quality of health care provided at Jackson South was recognized, it was assumed that the financial burden of the unit was excessive, that the budget gap couldn't be closed, that the physical space occupied by the obstetrics unit could be put to more cost-effective use and that the women of south Miami-Dade County could readily find care elsewhere without negatively impacting maternal and infant morbidity and mortality.

As the public, safety-net hospital system, Jackson hospital facilities provide obstetric care to a population of women that is already marginalized and at increased risk for perinatal complications due to ethnicity, socioeconomic status, immigration status, language and other barriers. These women, some already traveling 20 miles to reach Jackson South Community Hospital, could or would not travel an additional 21 miles (for a total of over 40 miles) to reach Jackson's main facility.

In response to the threat of program consolidation, the healthcare providers (physicians, midwives and nurses) worked with our union, a private consultant, the hospital administration, the Public Health Trust, our local community and the Miami-Dade County Commissioners to identify sources of financial strain in OB/GYN services and presented realistic and creative solutions for addressing the identified financial problems. As a result of these team efforts, the county budget was formulated to continue obstetric services at Jackson South Community Hospital.

Opening an outpatient service, to be staffed primarily by the Certified Nurse-Midwives, was one of several ideas presented to alleviate some of the financial stress of the obstetric service, while increasing patient access to care. We naturally progressed from the idea of providing outpatient women's reproductive healthcare services, such as prenatal care, to the concept of Centering Pregnancy.

Tell us about the social innovator behind this idea.

Melissa Merwin, Martha Peroldo, Julia Dean and Carina Ryder are the Certified Nurse Midwives of Jackson South Community Hospital. Collectively, they have over 70 years of clinical experience and have attended over 10,000 births.

Melissa Merwin, MSN, CNM has been the lead midwife of the Jackson South Community Hospital midwifery service for the past seven years. She has worked in maternity care in both the public and private sectors in Miami-Dade County for 30 years. She has served on the Continuing Education Committee of the American College of Nurse Midwives since 1993.

Martha Peroldo, MS, CNM, FNP worked in gynecology, labor and delivery, postpartum and newborn intensive care in Chile for 11 years before relocating to Miami. She has been working for the Jackson Memorial Hospital system since 1992. She was recently board certified as a Family Nurse Practitioner. She has over 30 years of experience in women's reproductive health care.

Julia Dean, CNM was born and raised in the south of England. She practiced full-scope midwifery in England for two years before relocating to Florida. She has worked in perinatal nursing, high-risk antepartum nursing, labor and delivery nursing, home visiting nursing and midwifery. She has over 25 years of experience in women's health care. Julia is also trained as a Sexual Assault Nurse Examiner.

Carina Ryder, MS, CNM has worked as a midwife in both private practice and public health care settings. Carina has worked in the Jackson Memorial Health system for six years. She is also trained as a Sexual Assault Nurse Examiner.

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