

# Birth Outcomes of Patients from Western North Carolina Enrolled in Group Prenatal Care

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**Objective:** Our region has historically higher rates of pre-term birth when compared to national averages in the United States. Given prior studies showing improvements in rates of pre-term birth from participation in group prenatal care, specifically Centering Pregnancy<sup>®</sup>, we offered our patients an alternative to one-on-one prenatal care in the hopes of improving rates of birth outcomes. The purpose of this study was to evaluate the rates of birth outcomes among our initial patients enrolled in group prenatal care in Western North Carolina (WNC).

**Methods:** This study is a prospective descriptive study of patients enrolled in the local Centering Pregnancy<sup>®</sup> program. Selected birth outcomes in 236 women were reported as percentages and compared to available, CDC 2013 Vital Statistics data for our region, state, and nation.

**Results:** Preterm birth (delivery <37wks) was lower in among women in group prenatal care (7.2% vs 11.4% nationally, 12.0% in NC, and 11.9% in WNC). Low birth weight (<2500gms) rates were also lower (5.1% vs 8.0% nationally, 8.7% in NC, and 6.8% in WNC). In addition, our population showed higher rates of selected risk factors for pre-term birth, including smoking (21% vs 7.2% nationally, 10% in NC, and 13.4% in WNC) and prior preterm birth (6.3% vs 2.3% nationally and 2.5% in NC).

**Conclusions:** In a region of the country with high rates of preterm birth and low birth weight, we saw reductions in poor birth outcomes in our patients receiving group prenatal care with the Centering Pregnancy<sup>®</sup> program. Our data supports the conclusions of others who also found decreased rates of pre-term birth and increased birth weights of patients enrolled in group prenatal care. Further data is needed to determine possible causation vs. selection bias. In the face of the changing landscape of health care delivery, this model of care should be considered.