A better way to get care
Components of Centering Care

HEALTH CARE    INTERACTIVE LEARNING    COMMUNITY BUILDING
Health Care

Self Assessment
Personal visit time with clinician
Interactive Learning

Communication    Sexuality    Family Planning

Birth preparation

Comfort measures    Family Issues    Stress reduction

Nutrition and infant feeding
Community Building

Group Stability
Trust
Shared Learning
Peer Support
Friendship
Centering Pregnancy: Essential Elements

Check up occurs in group space
Women involved in self-care; collect own health data
Continuity of provider
Facilitative leadership style, not didactic class
Each session has an overall plan, content emphasis varies

“We came at the same time and left at the same time and something happened the whole time we were there”
Essential Elements

Conducted in an open circle
Opportunity for socializing
Every person’s contribution is important
Outcome evaluation plan
Integrating HIV Prevention/Care into Innovative Antenatal Care in Malawi & Tanzania

Proof of Concept

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A billboard in Malawi...

No woman should die while giving life
Everyone has a role to play
Proof of Concept
Will Centering Pregnancy work?

Acceptable to women & providers?

Feasible to implement?
Design
• Initial intake remains the same
  – History, physical, tests
• Group
  – 12 women
  – Similar due dates
  – 4 sessions
Centering Pregnancy Africa: Session structure

Schedule

- 5 sessions
  - 4 antenatal
  - 1 postpartum
- 30-40 minutes
  - Check-in, individual “mat time” with provider
- 60-75 minutes
  - Formal circle-up, facilitated discussion, closing

“Mat time”
Preliminary work
Materials
Global partnerships

METHODS
Model Training

2 day CP provider training in Malawi

1 administrator
7 nurse-midwives
5 community health workers
Methods

- 2 CP sessions piloted at each of 2 sites in Malawi
  - District hospital
  - District clinic

Data sources:
Direct observations, semi-structured interviews, participant observation
Training
Pilot 2 of 4 sessions
Perspectives: Providers & Pregnant Women

RESULTS
Training Success

Closing activity

Celebration
Healthcare

• “We were very eager to do the assessment today because that was a totally new thing to us.”

• “Now I know what the numbers on my card mean”
Healthcare

“...the women are getting the chance to be independent...They were very eager to help one another.”

“...surprised by their ability. Today I found out...”
Women

“...explained to us very clearly...we now know the truth about HIV...”

“On STIs...we have learned today that we should be going to the hospital...”

“We are happy to be doing everything together.”
Interactive learning

- Relaxed environment
- Taught “with patience”
- Friendly
- Asking questions
- Exchanges

“we never get bored, we are learning from each other and we...”
Community Building

- Day 1 to day 2 changes
- Sense of “love”
- Respect
- Group learning

“Being my first pregnancy, I have learned how to approach my husband.”
Community Building

- Surprised
- Sharing

“I was surprised, I was thinking [to myself], how will we make the women start?”
Challenges

PREPARE FOR AN RCT

NIH supported R-21 for a randomized pilot study

FUTURE
Randomized Pilot study

• Implementation Summer 2014
• Lilongwe, Malawi & Dar es Salaam, Tanzania
• Compare outcomes & experiences in CP and current model of care
• 2 groups in each site
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  - Centering Healthcare Institute
Centering is nice
Yes, yes, yes
Centering is good
Yes, yes, yes
CP has brought unity, built relationships and taught us a lot
Yes, yes, yes
Women show how proud you are
Let’s go, yes, yes, yes. Centering, Centering, Centering.
When walking in a centering group, we belong. We show our pride in centering group. When dancing in a centering group, we belong. Our hospital, the whole of Malawi!
When walking, centering group we belong. When showing our pride, centering we belong, when dancing, centering we belong.

----------*Song sung to close the sessions*