PLANNING GUIDE FOR IMPLEMENTATION OF GROUP CARE

A SELF-STUDY GUIDE

How to use this guide

This resource is designed for health care systems and sites, research and evaluation organizations and clinicians as a self-study guide to prepare for adoption of group care. The guide and its supplemented materials will use the color orange as an identifying tool. This self- study guide is used by your organization and team as a way to prepare for more in-depth training, and as a communication tool between your site and Group Care Global.

Healthcare delivery systems and organizations vary across the globe; it is the objective of Group Care Global (GCG) to promote and facilitate group health care implementation that fits with the health care system and is culturally appropriate. Group care may be implemented in large hospital or clinic systems that desire to provide a healthcare option for women, a small primary care facility looking to improve prenatal care rates, a Ministry of Health looking to develop holistic maternal and fetal health programming within the healthcare system, and a clinician desiring to have more time with patients. Group Care Global is an adaptive organization that seeks to facilitate the group care model within this variety, with the goal of expanding the availability of group care across the globe.

China: Closing Midwife Training Circle

To begin, first read through this document. Then embark on a self-study of your health system, site, organization, or practice. A toolkit of worksheets is included in the appendices of this document to guide this process. Your answers and reflection will be the next step in a partnership with GCG and ultimately closer to implementation of group care in your community.

Introduction

Group Care Global (GCG), launched in 2018, is a non-profit organization that works in collaboration with health systems and sites throughout the world to transform the ways in which prenatal and postnatal care are delivered to women and their families. This work is built on over 20 years of experience with the group prenatal care model, CenteringPregnancy®, developed by a nurse-midwife, Sharon Schindler Rising, in 1993-94, promoted by the Centering Healthcare Institute, and now active in over 600 sites throughout the United States and Canada.

In 2016, the World Health Organization came out with comprehensive recommendations for antenatal care that moved beyond survival and reduction of pregnancy complications to emphasize the importance of a positive pregnancy experience. The rational is based on evidence that shows a positive pregnancy experience influences a mother's likelihood of returning for antenatal and future health care and facilitates an effective transition into motherhood (World Health Organization, 2016). Group care is recognized as a service delivery innovation that has demonstrated improvements in utilization of care, perinatal health outcomes and women's pregnancy experiences. A review of several models of group care for pregnant women identifies both consistent attributes across all group care models and attributes that required flexibility to be tailored to specific contexts (Sharma, O'Connor, and Jolivet, 2018).

OUR GOAL IS TO TRANSFORM CARE FOR MOTHERS AND INFANTS DURING THE FIRST 1,000 DAYS FROM PREGNANCY THROUGH THE CHILD'S 2ND BIRTHDAY.

Group Care Global's Model, *Centering-Based Group Care*, consists of three components: health care, interactive learning, and community building. A growing body of evidence generated in sites around the world demonstrates that when the core principles of the Centering model are applied, similar improvements in birth outcomes and mothers' health can be realized in both high resource setting such as the Netherlands and low resource settings like Nepal and Malawi. More recent work in Nepal, Brazil, China, Tanzania, Malawi, Mexico, Egypt, Nigeria, and Rwanda shows that the group care approach is feasible and appropriate in these settings. GCG recognizes that group care beyond the borders of the U.S. must be flexible and adaptable to the cultural and system differences across the globe.

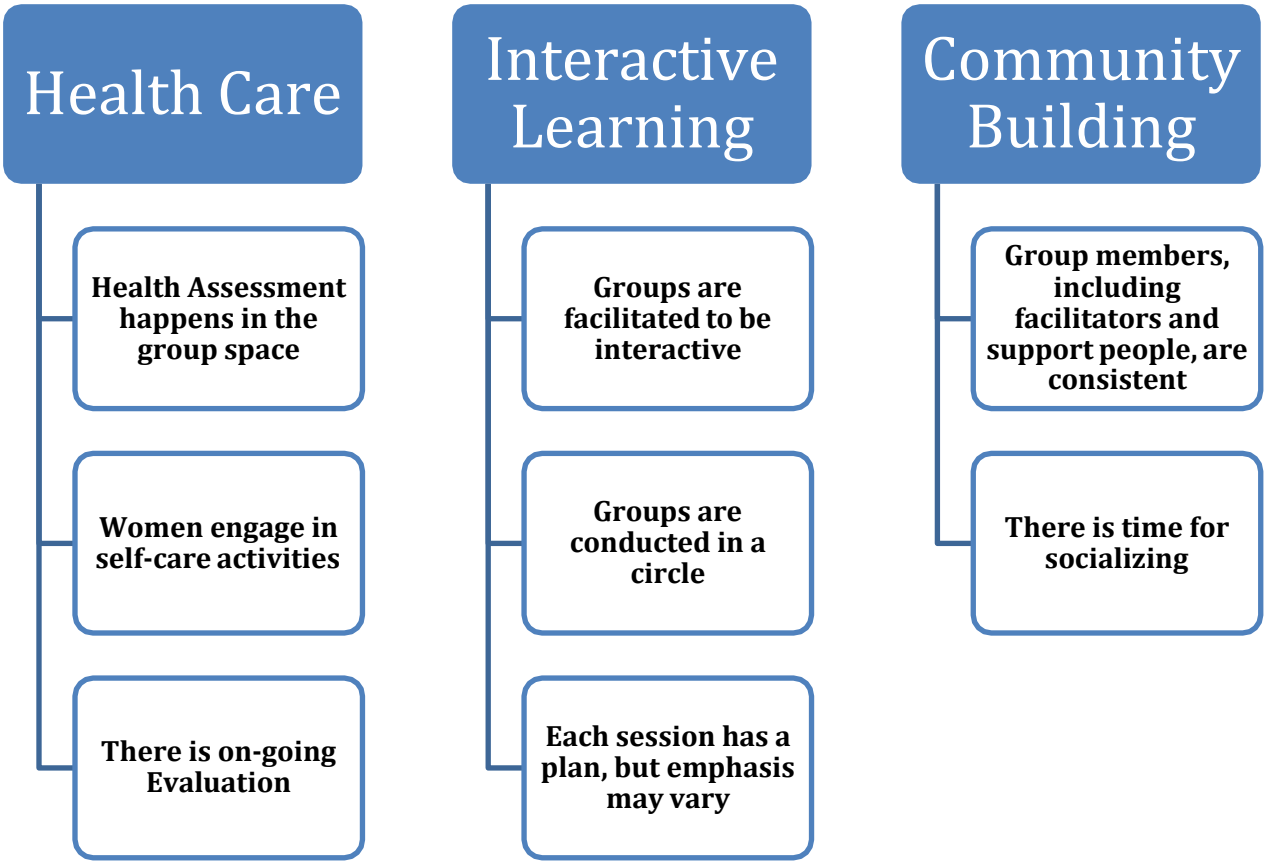
The Group Care Global Model of Care

What is Group Care?

> ***GCG promotes an interactive, relationship-based group model that brings a cohort of women together for care during pregnancy, postpartum and the first 1,000 days.***

Group care is a relationship-based group model that brings a cohort of women and families together for care during the first 1,000 days. The first 1,000 days, between a woman's pregnancy and a child's 2nd birthday, has been identified as a particularly crucial time for the future health and well-being of the mother, fetus, infant, and young child. Researchers in the fields of neuroscience, biology and early childhood development provide powerful insights into how nutrition, relationships, and environments in the 1,000 days shape future outcomes (Why 1,000 Days, 2019). The three components of the model are: health care provided during the group session; interactive learning through facilitated discussion by a trained clinician and co-facilitator; and community building/peer support within the stable cohort of attendees. These components and the descriptors have been tested through many years of experience with implementing the model and evaluating the outcomes. Although there is considerable flexibility with implementation at each site, the focus should be on achieving model fidelity as outlined in the 3 components and the descriptors of each component as listed below.

Centering-Based Group Care



Component Definers

1. Health Care

The holistic health of the mother-infant dyad and family unit remains central to the group care model. Health assessment, education and promotion, and on-going evaluation are not removed, rather they are enhanced and improved through the group environment. Health assessment is not *taken from* the woman or *delivered to* the woman as in traditional individual care, rather the health assessment happens *with* the woman and within the group space.

- Health assessment happens in the group space
  - Antenatal assessment with clinician occurs with privacy on floor mat or other low bench/table
  - Assessment time is limited to 3 minutes and includes overview of health data, fetal assessment, and any other outstanding personal issues

- Women engage in self-care activities
    - Women assess their own health data such as: weight, blood pressure and urine or other testing as indicated by protocol
    - Data is recorded by the woman on a flow sheet
- There is on-going evaluation
    - There is an on-going plan for recording of selected data
    - Responsibility for data collection has been assigned
    - There is a plan for regular assessment of outcomes

2. Interactive Learning

The interactive experience of the group is foundational to why groups work. Women and families are engaged in a whole new way with their care and experience during the first 1,000 days. Information is provided in the groups, and women experience and interact with the material. This interaction gives meaning and life to the topics covered in the groups. Interactive learning is described in the group care model as follows.

- Groups are facilitated to be interactive
    - Facilitators are trained in facilitation and listening skills
    - Activities are planned to encourage interaction
    - Sharing among the group members is encouraged
    - Formal didactic presentations are not used
- Groups are conducted in a circle
    - An open circle without a central table is used
    - Seating may be on chairs or on floor cushions
- Each session has a plan, but emphasis may vary
    - Sessions are designed around the health needs of the women
    - Number of sessions is flexible, but focus is on a minimum of 8 sessions
- Group size is optimal for interaction
    - Optimal group size is 8-12 patient members
    - Space is private and conducive to group sharing

3. Community Building

The consistent meeting of a cohort of women or families is also the catalyst to community building. To enhance community building, it is important that group members are consistent and that time for socializing is built into each meeting.

- Group members, including facilitators and support people, are consistent
    - A cohort of women is stable throughout the pregnancy
    - The facilitators are consistent throughout the group sessions and one is a clinician
    - Confidentiality reminders are used if any new members or support people join the group
    - Attendance of children is discouraged
- There is time for socializing
    - Unstructured time encourages informal interaction
    - Ideally there is a healthy food snack and water

Why Group Care?

Group care provides an opportunity for participants to share strategies that are culturally appropriate and embrace new knowledge. This interaction frequently leads to behavior change as well as being a positive first encounter for many mothers with the health care system (Rising & Quimby, 2017, p. 22). Groups are a unique space that has benefits for the participants, for the providers, and for the larger health care organization and system.

A substantial body of research has consistently demonstrated group care to be associated with the improvement of a variety of maternal and infant health outcomes, including a decrease in preterm birth, increased breastfeeding, better antenatal care attendance, more appropriate weight gain during pregnancy, longer spacing of pregnancies, respectful care, and women's satisfaction with their group care experiences. (Please consult GCG's Annotated Bibliography: www.group care.global.) Additionally, the group space provides an opportunity for community building that can translate into relationships and skills that go with the women and their families well after the group sessions are formally concluded.

Benefits for Patient Participants

Connection with others through a shared experience is powerful for relationship building, learning, empowerment, and behavior change. Groups provide the opportunity for women to gather tools and knowledge that help to build her confidence and lead to a growing sense of empowerment.

Experiences in groups:

- engages participants as role models for each other
- facilitates opportunity for relationships with other pregnant women

- provides culturally and/or linguistically specific interaction
- facilitates increased sense of empowerment
  replaces a 5-10 minute “visit” with a 90-120 minute “interaction”
- provides opportunity for creative problem-solving among the group members
- facilitates knowledge and question sharing for participants. For example, one woman’s question or experience is shared among the group. These questions or experiences are often missed in the traditional setting.
- contributes to better birth and health outcomes
- provides community for the individual that potentially carries over after the last formal group meeting.

Benefits of Group Care for Clinicians

It is common across the globe for health care providers to have more patients than time. As a result, prenatal care and particularly postpartum care visits are brief and didactic in style. Often short visits are not satisfying for the patient or the clinician and provide limited time for discussion. The group model helps the clinician to reframe the view of healthcare from that of risk assessment or education, to one focused on the broader social determinants that affect the woman’s life. This is more effective care and can be professionally satisfying.

Experience in groups:

- provides more interesting and rewarding interaction with women and families
- is a time of learning and increased understanding
- relieves some of the stress of medical decision making
- provides collegial interaction
- is an effective use of time
- leads to better outcomes
- is personally and professionally renewing and fun

Benefits of Group Care for Systems/Agencies

Health care agencies have two primary objectives: to ensure access to health care for individuals and communities and to provide quality and evidence-based health care services that are accessible, affordable, and cost-effective. Group care is an innovative means to address the health needs of women, children, and families that is evidence-based and cost-effective, balancing quality with affordability.

The group model of care:

- ❖ frees examination rooms for other purposes
- ❖ may utilize under-used conference space
- ❖ requires minimal equipment and no additional personnel
- ❖ makes effective use of lab personnel, interpreters, social workers, and others as they meet with several women together
- ❖ contributes to high satisfaction with care for patients and professionals
- ❖ reduces unnecessary visits for emergency care
- ❖ is an excellent marketing tool
- ❖ increases access to care
- ❖ provides better health outcomes
- ❖ is cost-effective

The Power of Groups

- Improved learning occurs as participants learn from each other by sharing common life experiences.
- Attitudes of group members can often be changed more effectively through group interaction than by direct teaching of individuals.
- Group interaction can increase individual motivation to learn and change.
- Groups are cost-effective and provide for an efficient use of professional time.
- Groups provide mutual support of individual members.
- Groups provide for problem-solving skill development.
- Groups are fun and interesting.

Partnership with Group Care Global

A partnership with GCG connects your health system or site with a team of expert consultants whose collective experience with group antenatal care, health systems transformation, research, and evaluation spans across the world. The flow of a partnership with GCG is outlined in the table below.

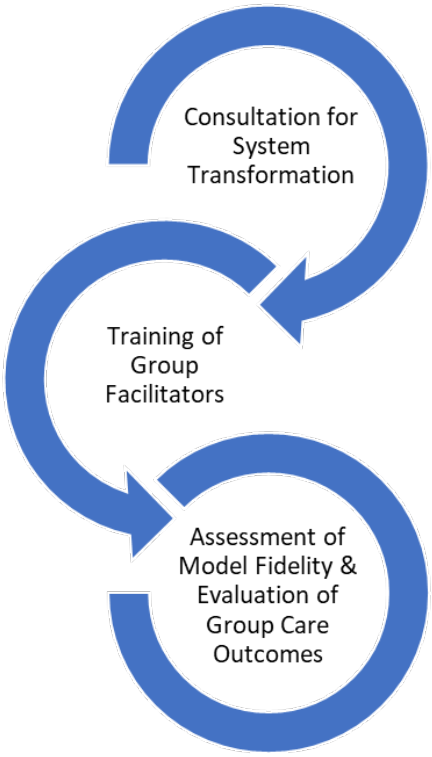
Stage of Implementation	Action	Driver of the Action	Corresponding Document(s)
Exploration	Initial Virtual Consultation with Group Care Global	GCG	Self-Study Guide
	Embark on a Self-Study of Readiness for Adoption: • Form Steering Committee • Complete This Guide and Subsequent Worksheets	Site	
	On-site or Virtual Consultation with GCG to discuss results of Self-Study Guide and Next Steps	GCG	
Installation	On-Site Planning with 1-2 GCG Consultants, your local Steering Committee, and a minimum of 2-4 potential group facilitators/Master Trainers.	GCG	Facilitator Training Guide
	Start-Up and Facilitator Training	GCG	
Implementation	Start the first group, ideally within a month of the training.	Site	Evaluation Documents – Process and Outcomes
	Frequent, short consultation with GCG and more formal quarterly virtual consultation to review implementation status, progress, challenges, evaluation needs and results.	Site/GCG	
	Redesign elements of implementation based on evaluation results and make the implementation changes.	Site/GCG	
	Continued Training and Consultation as Implementation expands to other sites. Focus on developing skills of Master Trainers	GCG	

Definitions of the Stages of Implementation

Exploration is the first stage of implementation that encompasses the work necessary to ready your organization and team for the introduction of a new program or initiative, in this case, group care. Exploring this model of group care requires thoughtful discussion, reality-based thinking about the barriers, the engagement of stakeholders at every level, and intentional and inviting introductions of all changes to the community (Blasé et al., 2015; National Implementation Research Network, 2013 as cited in Rising & Quimby 2017). This guide is developed to guide you through the Exploration stage and to do the work necessary to prepare for installation.

The **Installation** stage is characterized by securing the needed resources necessary to do the work, including space, materials, and importantly implementation and facilitator training. During this stage the Steering Committee and GCG is actively preparing the site for the implementation of the first group, including preparing the staff for the new practices and service delivery model. Materials and resources identified in this self-study guide as necessary are secured and developed. In this stage GCG visits your site and meets with the local Steering Committee and provides implementation and facilitator training.

Initial implementation is when the first group is started and a second and third group begin to organize. **Full implementation** is when your desired level of group care is being delivered at your site, ideally at least 60% of eligible women are receiving care in groups. Throughout implementation your organization in partnership with GCG is evaluating the delivery of group care and adapting it to best fit your organization, your vision, and your population through diligent evaluation.



Preparing Your Health System for Adoption of Group Care

Introducing group care in a setting that typically provides individual care will involve every part of your practice. Things may need to be added to make groups work; others adapted to include the logistics of conducting groups. For example, your organization may already have ample space to conduct groups but will need to change the way that patients are scheduled. Below is an outline that can be used to guide you and your team as you begin to conceptualize what will need to happen in preparation for implementation of group care.

This section will help you identify what your organization already has in place and what needs to be developed to support group care. Group Care Global can assist you in these action steps.

Self-Study Action Steps	Definition / Key Questions	Worksheet #	Completed? Y/N
Form a Steering Committee	**Identify and build a Steering Committee to guide the development and implementation of group care.** **1st Task: Develop your vision for group care.**	**1**	
Describe your health system context	**Where (e.g. one site, multiple sites) and in what type of context (e.g. public, private, outreach) do you wish to implement group care?**	**2**	
Build Administrative, Clinical & Support Staff Support	**Provide an organizational chart. Identify important decision-makers. Explore changes to all levels within your organization.**	**3**	
Outline Patient Population & Recruitment Strategies	**Describe your patient population. Consider demographics, language and literacy, and recruitment strategies.**	**4**	
Outline Anticipated Changes to Scheduling	**Consider scheduling related to participants, facilitators, and group space.**	**5**	
Outline Records & Evaluation	**Set goals, adapt current data collection tools to include group care, begin to identify additional data collection needs.**	**6**	
Infrastructure Checklist	**Identify Group Space, Materials & Supplies, Snacks**	**7**	
Funding & Budgeting	**Work through start-up funding sources and sustainable financing of group care.**	**8**	
Equipment Checklist	**Identify equipment and items needed for antenatal and postpartal groups**	**9**	

STEERING COMMITTEE

SELF-STUDY WORKSHEET 1

Steering Committee Defined

An active, well-functioning leadership team is essential to the implementation and long-term sustainability of group care. This team is responsible for overseeing the initial system redesign process to prepare for the successful transition from individual to group care. It is also involved in the initial site visit and planning for training with GCG. Once group care has been implemented, this committee continues to monitor both process and outcomes, helping ensure that group care is thriving within your system.

Basic responsibilities include:

- reviewing all areas of change as outlined in the self-study guide,
- monitoring group enrollment and attendance,
- setting benchmarks and outcome goals,
- reviewing both patient/staff satisfaction and health outcome data, and
- providing outreach to the community to further help to improve population health

The selection of the Steering Committee must be done carefully to assure appropriate representation of all work areas involved in this system change. A Committee size of 8-12 is the ideal size to enable productive discussion. Members of this committee usually include:

- Administrator: person who has responsibility for overseeing the logistics of care to the designated population
- Credentialed provider: one or two clinicians who will have responsibility for providing care in groups. These may include: midwives, nurses, physicians, specially trained community health workers
- Nurse administrator: person who has responsibility for supporting care for the patients in the designated population
- Support staff: agency staff people who might have significant contribution to the running of groups or the support of the patient population. For example, a social worker, nutritionist, parent educator, etc.
- Patient/family members: current or past patients who often are community leaders and who have interest in the population being served. These members should be comfortable speaking in a group, able to use their own experience constructively and

able to listen well to differing opinions. There should be at least two patient/community members.

- Other: might include representative from the Ministry of Health, supportive foundation, professional education director, etc.

The leadership team should select a chairperson to facilitate monthly meetings, communication with GCG, and with patients and family members. The chairperson and other members of the leadership committee work to ensure that communication among the team members, is an inclusive process so that participation is a learning process for all.

Self-Study Activities

1. **Form a Steering Committee**
   Chairperson: _____

Name	*Title*	*Contact Information*

Notes on the Steering Committee

2. **Steering Committee develops a vision for group care at your site.**

Key Questions to guide this process

- Why does my organization or practice wish to pursue group care at this particular time? Identify your objectives and interest.

- Who is driving the interest in group care?

- What improvements are we hoping to make through implementation of group care?
  i) For pregnant women, families and babies:

  ii) For clinicians:

  iii) For the larger system:

3. **Steering Committee develops a monthly meeting and outlines next steps to complete the self-study guide and to consult with GCG prior to Installation.**

Next Meeting Dates:

YOUR HEALTH CARE SYSTEM

SELF-STUDY WORKSHEET 2

Health Care System Defined

Group care is for large systems and small clinics. We know that the more individuals within the system that are onboard with care the greater chance of success. We also know that when efforts are combined across sites, sustainability and cost-effectiveness of training and start-up efforts are improved.

Self-Study Activity

Describe your health system or site where group care is to be implemented.

- Is your clinic independent or part of a larger system?
- In how many sites will group care be implemented?
- Are you public or privately funded?
- How are clinicians reimbursed/paid?
- How are medical records recorded? (e.g. electronic, paper charting, personal health record, passport/medical id card)
- What is the size of your clinic, site, or system?
    i. Average number of maternity women registered in a typical month:
    ii. Gestational age of women when they first seek antenatal care
    iii. The range of the number of women who deliver in the health facility every month:
- Initial thoughts on how your system is suited to group care. What opportunities does your system provide for group care and what challenges do you anticipate?

Build Staff Support

SELF-STUDY WORKSHEET 3

Administrative Support

Implementation success requires that those in administrative positions, both within your organization and those that serve in policy and donor agencies, understand the objective of group care and are onboard to continuously support it. Support from administrators includes funding, training, sharing experiences, mentorship and enthusiasm for group care implementation. This broad-based support from national, state, and local agencies provides the political will that contributes to the longevity of group care. It is also important that at least one administrator on-site is involved with overseeing the process of implementation; this person is on the Steering Committee.

Clinical Staff Support

Group care's very foundation is about changing the ways in which care is typically provided. The term clinician here refers to physician, midwife, nurse practitioner, physician assistant, skilled birth attendant, and others involved on the front line of health care services. Any change in a clinicians practice takes time, training, and adjustment. Initial attitudes about this change may vary from clinician to clinician. For group care to work, clinicians must be on-board and at the very least be willing to adapt and learn. The introduction of group care may be driven by clinicians, by administrators, by a community demand, or perhaps a funding agency. Whether it is a top-down decision-making approach from administrators or from within the practicing clinician body, all parties need to be on board, involved and in communication with one another throughout the process.

Support Staff

Support staff are all others that do not fall into the provider or administrative roll. These staff are often the frontlines of participant recruitment, scheduling, billing, and can even be additional group facilitators. Key people often are community health workers who may be excellent co-facilitators and who also provide an important link to the community.

Self-Study Activity

How are decisions made within your health facility? Provide an organizational chart, if possible.

In the following tables, note who is already on board with implementing group care and who needs to be brought in to join the team.

Key Personnel involved in decision making		**On Steering Committee?** Yes/No/Should Be	**Describe potential involvement with group care** (facilitator, data manager, scheduler, etc.)
Name	**Title/Position**		

- Describe how familiar your administration is with group care.

Clinicians (Midwives, physicians, nurses, etc.)		**On Steering Committee?** Yes/No/Should Be	**Describe potential involvement with group care** (facilitator, data manager, scheduler, etc.)
Name	**Title/Position**		

- Outline any experience your clinicians have with the group care model and/or group facilitation.

Support Staff (Social Workers, Nutritionists, Receptionists, Community Health Workers, Patients, etc.)		**On Steering Committee?** Yes/No/Should Be	**Describe potential involvement with group care** (facilitator, data manager, scheduler, etc.)
Name	**Title/Position**		

Patient Population

SELF-STUDY WORKSHEET 4

At the outset of group care development, it is important to first understand your population and those who you aim to involve in group care. Basic demographics help the group care team in planning for material development and tailor the program to cultural preferences, language and literacy, and even things like transportation needs.

Self-Study Activities

1. **Describe the community you serve.**
   a. Will groups be just for pregnant women? Or will groups be for women, husbands, partners, and other support people?

   - Languages:
   - Ages:
   - Literacy level:
   - Income level:
   - Priority Health Issues of the pregnant women (e.g. diabetes, malaria, domestic violence, nutrition, HIV, etc.)?
   - Cultural issues that may influence provision of care:

2. Explore participant eligibility and recruitment strategies.

b. How will pregnant women be informed of the groups and then enrolled?

c. Will group care require certain eligibility requirements? For example, if group care is only for low-risk women, how is "low-risk" defined?

3. Identify special needs of the target population.

- How do participants get to the clinic? Is transportation an issue?
- Will group participants need child care for their older children while attending groups?
- Additional information about the culture or population that will be helpful in planning appropriate groups.

Scheduling

SELF-STUDY WORKSHEET 5

Scheduling Considerations: Consistent Participants, Facilitators, Space

Participant Cohort: One of the essential components of group care is the consistency of care. Each group will be made up of the same women, the same facilitators. The group will occur the same day and time of the week. This consistency is helpful for participants when it comes to planning and scheduling transportation and childcare.

The first antenatal visit for participants is an intake visit with extensive physical and lab assessments. After this initial visit, groups are formed based on gestational age.

Consistent Facilitators: The fixed nature of the group meetings is also helpful for scheduling group facilitator time and the space if it is a multi-purpose space. Groups are run by two facilitators (one provider and one co-facilitator) that remain the same for the duration of all scheduled group sessions for that cohort of participants.

Space: Group care should have priority use of the room once a group has been scheduled. It is possible to have 2-3 groups meet in a single day, one in the morning, one in the afternoon, and one in the evening.

Groups last 2 hours and scheduling should include 30 minutes before and after for set-up and tear down.

Time: Group care for pregnancy follows prenatal care recommendations as outlined by the World Health Organization, 8 prenatal contacts (WHO, 2016). Groups usually organize between 16-20 weeks of pregnancy and meet every month for about 4 months and then more often. The last antenatal session for the group should occur in the first half of the month most participants are due. Many groups also have at least one session have all the women have birthed their babies.

Group care for parenting after babies have been born can be spaced from an initial 2 weeks apart to later a month apart as the babies get older and parents are more adjusted to their parenting role.

Self-Study Activities

1. How many groups will start each month?

2. What days and times will be used?

3. How many providers and staff are needed for groups? Consider set-up and tear-down time. Will facilitators combine both group and traditional care? How will this impact the scheduling of their time? Consider consistent time slots for providers and staff.

4. What other responsibilities do the clinicians have during the day? What time of day is the busiest now for providing care?

Records & Evaluation

SELF-STUDY WORKSHEET 6

Set Goals, Collect Data, Evaluate Group Care Outcomes and Implementation Process

Your organization has decided to implement group care to do something or address a health concern. What this is should be outlined in your vision for group care in Worksheet 2. The next step is to thoughtfully outline steps to measure the effects of group care on the outcomes of interest to your organization and any funding agencies supporting the work. Evaluation also allows you to understand what may or may not be working along the implementation journey. It is critical to measure your work in order to help you effectively understand the impact group care is having on participants and your site.

It is best to coordinate with your site's existing data collection team to develop appropriate ways to evaluate group care.

Self-Study Activities

1. Identify the appropriate lead person to coordinate data collection efforts, ensure they become a member of the Steering Committee.

2. Develop patient enrollment and health outcome goals to monitor and evaluate.

3. Identify Data Collection Tools already used that can be adapted to include group care participant data (e.g. health outcome data, group participant attendance statistics).

4. Develop Data Collection Tools that will best inform the effects of group care on your vision

5. Begin to think about Participant Evaluations, Facilitator Evaluations – consider implementing this at session 9 before babies are born

6. Facilitator Evaluation – have facilitators of groups consider the celebrations and challenges of the groups on a periodic basis. Talk with each other about progress with facilitation skills as well as general conduct of the groups. Report back to Steering Committee and data collection team.

Infrastructure

SELF-STUDY WORKSHEET 7

Identify Group Space

Providing care in groups requires very different space than that required for individual care. While individual care requires small private rooms, the group requires a room that is estimated at 900-1000 square feet. The room will work best if it is basically square or at least not long and narrow. With 2-3 tables along the wall, that would leave remaining space for the group circle which should accommodated 20-24 people comfortably. You may reorganize an existing space or use existing meeting or waiting rooms. Practices that use dual-purpose rooms find that set up and break down of the room for group use can be time-consuming, stressful, and exhausting. Ideally space will be designated for the sole purpose of conducting group care. Having dedicated space will also allow more groups to be conducted throughout the day.

Self-Study Activity

1. Do we have a group space that …	**Yes/No**	**Describe**
Is Private?		
Is Quiet?		
Has Comfortable Seating and is welcoming?		
Has Nearby Bathroom Access?		
Has a Storage Cabinet or Moveable Cart for Education Items?		
Has Adequate lighting, windows are best?		
Has the ability to control room's temperature?		
Room can be arranged so participants can sit in a circle without a table in the middle.		
Has a table that can hold check-in materials?		
Has an assessment corner that provides some privacy?		
Is easily accessible?		

2. **Explore the availability of the group space.**
    a. Does group space need to be found away from the health center such as in a community building?

    b. Is the space multi-purpose? How will this impact scheduling of the room? Will the space be available when you need it?

3. **Describe any cultural considerations or challenges that may impact your space or group care facilitation. Will male partners be included or excluded?**

Funding & Budgeting

SELF-STUDY WORKSHEET 8

Initial Funding → Sustainable Budgeting

One of the attractive features of group care is that it has been associated with lowering of health care costs, both directly (e.g. reduced cost of medical care) and indirectly (e.g. increased patient and provider satisfaction and lower medical staff turnover). However, installing and fully implementing group care requires upfront funding to get the program started and subsequently sustained through ongoing funding and budgeting. In order to ensure effective start-up and future implementation it is important to identify where funding will come from. Group care can be funded as part of your site's operating budget, through grant-mechanisms, or a combination of these two. Financial commitment to group care is essential for effective implementation and long-term success.

Self-Study Activities

1. Develop an understanding of the value group care brings to your healthcare setting.
This activity may parallel the work done in Worksheet 2 around your sites vision for group care. What is important here is to imagine how group care will improve the health of your population and how that will connect to lower health care costs overall. For example, if part of your vision is to reduce preterm births through implementation of group care, costs associated with preterm birth will be reduced. Another example for your site may be the return of your patients to receive health care after a positive experience with group care for other services such as pediatric care or other family health care needs in the future.

How does implementation of group care at your site connect with health care costs to your site, practice, and/or population served?

2. Ensure that your site's budget includes all line items necessary to implement group care.

- Materials and supplies for groups
  - Participant Assessment equipment and supplies (BP cuff, urine sample kits, etc.)
  - Materials for group participants
  - Snacks, water
  - Pencils
  - Other
- Marketing for patient enrollment
- Staff training
- Staff administrative time
- Other:

3. Develop a financial plan to sustain group care in your practice over time.

Where will you secure funding for the start-up and implementation of group care? (e.g. for consultation and support, training of staff, and supplies and materials such as equipment for blood pressure and weight assessment, basic educational materials).

How do you anticipate funding the on-going implementation of group care?

Who will oversee the financing of group care, including the budgeting and tracking of expenditures?

Who on staff will oversee procuring supplies and materials for groups?

What is the plan for working closely with the Ministry of Health, midwife and physician associations, and other key health organizations to help assure sustainability of the group model?

Equipment Checklist

SELF-STUDY WORKSHEET 9

Equipment for Antenatal and Postpartum Groups

In addition to a group space that can comfortably accommodate women, and later also the babies (see Infrastructure Worksheet), it is important that certain items are available and readily accessible for antenatal and postpartum groups.

Self-Study Activity

Equipment- Antenatal Groups	Yes/No
Posters, models as desired	
Flip Chart or other writing board	
Floor mat, low table, futon, or air mattress for physical assessment	
Digital sphygmomanometer with appropriate size cuff(s) and extra batteries	
Stethoscope	
Adult scale	
Appliance to ascertain fetal heart tones	
Small drape sheets if desired	
Gestational wheel or phone app	
Pens	
Name Tags	
Passport, chart, or other form for recording personal data	
Drinking water, small snack	
Materials to support interactive activities	
Facilitator's Guide for each facilitator	
Other care items needed (ed. Vaccines, lab items, etc.)	

Equipment-Postpartal Groups	Yes/No
Safe space for babies once they reach 6 months and able to crawl	
Posters, models as desired	
Flip Chart or other writing board	
Floor mat, low table, futon, or other area for baby assessment	
Digital sphygmomanometer with appropriate size cuff(s) and extra batteries	
Stethoscope	
Adult scale	
Baby scale	
Baby length board or other measuring device	
Tape measure	
Appropriate vaccines and other materials needed for care	
Name Tags	
Passport, chart, or other form for recording personal data	
Drinking water, small snack	
Materials to support interactive activities	
Facilitator's Guide for each facilitator	
Diapers	

References

Rising, SS and Quimby, CH. 2017. The CenteringPregnancy®Model: the power of group health care. NY: Springer.

Sharma, J., O'Connor, M., and Jolivet, R.R., 2018. Group antenatal care models in low-and middle-income countries: a systematic evidence synthesis. *Reproductive Health 15:38.*

WHO recommendations on antenatal care for a positive pregnancy experience. Geneva, Switzerland, 2016 [http://apps.who.int/iris/bitstream/10665/250796/1/9789241549912-eng.pdf?ua=1]. Accessed 5 March 2019.

Why 1,000 Days, 2019. [https://thousanddays.org/why-1000-days/] Accessed May 17, 2019.

Refer to the Annotated Bibliography for Group Care that is located on at www.groupcare.global/resources.