



Testimony of

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Before the Ohio House Health Committee

Chairman Merrin, Vice Chair Manning, Ranking Member Boyd, and members of the House Health Committee, on behalf of University Hospitals Rainbow Babies & Children's Hospitals, our physicians, nurses and employees, and more importantly, the community we serve, I am pleased to testify in support of House Bill 11.

My name is Tenisha Gaines, and I am the Centering Pregnancy Program Manager at UH Rainbow Babies & Children's Hospital (UH Rainbow). University Hospitals is a Cleveland-based super-regional health system that serves more than 1.2 million patients in 15 Northeast Ohio counties. The hub of our 18-hospital system is University Hospitals Cleveland Medical Center, a 1,032-bed academic medical center of which UH Rainbow is a significant part.

UH Rainbow is a 244-bed, full-service children's hospital and academic medical center. A trusted leader in pediatric health care for more than 125 years, UH Rainbow consistently ranks among the top children's hospitals in the nation. As the region's premier resource for pediatric referrals, UH Rainbow's dedicated team of more than 1,300 pediatric specialists uses the most advanced treatments and latest innovations to deliver the complete range of pediatric specialty services for 700,000 patient encounters annually.

Most importantly, thank you to State Representatives Manning and Howse for sponsoring House Bill 11. Their leadership and that of many in the House is greatly appreciated. I am also grateful to Speaker Householder and Minority Leader Sykes for making this a priority bill and acknowledging what a problem infant mortality is in Ohio. While UH Rainbow supports all four elements of HB 11-smoking cessation, dental hygiene, lead education, and group pre-natal care, I would like to focus my testimony on the last item.

UH Rainbow employs the Centering Pregnancy (Centering) group pre-natal care model. Centering combines health assessment, interactive learning and community building to help support positive health behaviors and drive better health outcomes. Centering takes place in a group setting, allowing patients to spend more time with their healthcare providers. Between

eight and twelve pregnant women due within the same month attend their prenatal care sessions together. At the beginning of each session, women take part in their own care by measuring and recording their own blood pressure, temperature and weight. Then, each woman meets with her healthcare provider for her individual health assessment. Once health assessments are complete, everyone comes together for 90-120 minutes of group discussion on important health topics, including stress management, labor and nutrition. This open discussion format promotes information sharing and increases overall social support among the women in the group. Also, Centering is the only intervention that offers continuity of care from pregnancy through the critical early childhood period of health and development (prenatal to age 2+) with a focus on parent activation and empowerment.

UH Rainbow has offered Centering since 2010. We did so after comprehensive planning and in response to incredibly high local rates of infant mortality in Cuyahoga County, and the City of Cleveland in particular. We also wanted to take action because 78 percent of African-American women in Cleveland give birth at a UH facility and, as we all know, this population is the most at risk for poor outcomes. In 2017, black babies in Cuyahoga County died at a rate of 6 times that of white babies. Of the 118 deaths in 2017, 82 of them were born premature.

In the first year, 196 women were enrolled in the program. Since then, Centering has been rapidly adopted at UH as a natural extension of our mission and practices, with more than 2,200 women having participated in our program. We have seen huge success among our Centering groups because of the collaborative care model that is the foundation of our practice, which leverages collaboration between Certified Nurse Midwives, Nurse Practitioners, Physicians, Maternal Fetal Medicine specialists, and Resident Physicians.

Because our program is so robust and has had such promising results, we have been looked to as the model for initiatives throughout our region and state. The Ohio Collaborative to prevent Infant Mortality, Ohio Institute for Equity in Birth Outcomes, and First Year Cleveland are examples of programs that have used UH's Centering program as the foundation for statewide efforts aimed at reducing infant mortality. Our recognition as a thought leader in this space positioned UH to be named the Centering Regional Leadership Partner for the Midwest by the Centering Health Care Institute. Through this partnership, the UH Rainbow Center for Women & Children serves as an innovation center and showcase for other practices in the region and nationally on how to successfully integrate the Centering group model.

Multiple studies have shown Centering leads to improved outcomes, including substantial decreased risk of preterm birth (before 37 weeks gestational age), a flattening of health disparities between black and white women, better visit attendance, greater readiness for birth and infant care, improved breastfeeding rates and higher patient satisfaction scores. Reduction in preterm birth is especially important as it is the largest contributor to infant mortality and can cause problems for babies throughout their entire lives. According to the Centering Healthcare Institute, while 9.6% of babies in the United States were born preterm, preterm birth rates in Cleveland are as high as 14.4% - ranking Cleveland the third worst city in the nation in preterm birth rates. The UH Rainbow Centering program has shown extremely encouraging results over the past seven years, with only 3.75% of births by Centering Pregnancy mothers resulting in preterm births in 2017 and since inception an overall rate of 7.38%.

House Bill 11 recognizes the advantages of group prenatal care programs like Centering and takes proactive, affirmative steps to foster its growth. Among other things, the bill establishes a grant program in the Department of Health that will help to increase the number of women enrolled in group prenatal care, with the goals of decreasing the number of preterm births and the infant mortality rate. The bill gives priority to the areas that struggle with infant mortality the most, and seeks to grow existing programs and create new ones. Investments such as those included in House Bill 11 are vitally necessary as reimbursement from Medicaid and commercial payers does not fully cover the costs of these programs.

Mr. Chairman, thank you once again for the opportunity to appear before you. I appreciate everything that you and your colleagues in the General Assembly are doing to combat infant mortality, and I especially thank State Representatives Howse and Manning for their leadership. I would be pleased to answer any questions. Thank you.