Overview of Process Data Collection Forms

March of Dimes (MOD) encourages grantees receiving chapter funds for CenteringPregnancy® (CP) to collect process data on their CP programs using a CP Session Attendance Sheet, Patient Background Information Form, and Centering Healthcare Institute’s (CHI) Evaluation Tools 1-2. Selected data (information) from these tools are to be reported to the MOD chapter at the end of the grant year using the MOD’s Process Data Summary Reporting Form. Each grantee should also complete and submit CHI’s Essential Element Documentation form for each funded site to the MOD chapter at the end of the grant year. A brief overview of each of these forms is provided below.

1. CP Session Attendance Sheet

The CP Session Attendance Sheet is designed to track the dosage of group prenatal care each CP patient receives. The CP facilitator collects these data from every patient at each CP session (for example, by passing the attendance sheet around the group and asking each pregnant woman to indicate her presence by checking the box that corresponds to the date and CP session number). Partners, friends, doulas, etc. who may attend with the patient should not complete the attendance sheet. Both CHI and the March of Dimes (MOD) use this same form to collect attendance data.

The MOD’s Process Data Summary Reporting Form (see #4, below) includes summary data from the various CP Session Attendance Sheets that are completed during the grant period. Attendance-related data to be reported to the chapter include:

   a. Number of CP groups started during the grant period (if the grant was for CP start-up);
   b. Number of CP groups conducted during the grant period (if the grant was not for CP start-up);
   c. Total number of patients who attended at least one CP session during the grant period;
   d. Total number of patients who attended six or more sessions of their CP group.

Should CP providers/sites have any questions about attendance, this form includes a contact phone number for the MOD chapter.

In addition to facilitating data collection for the purposes of reporting to the MOD chapter, the CP facility or organization can benefit from collecting these data. Specifically, the data can help the site:

   • Gauge overall participation in CP group prenatal care;
   • Measure dosage of prenatal care received by each CP patient;
   • Compare CP program attendance across CP groups;
   • Compare attendance between CP patients and patients in traditional prenatal care at the site;
   • Provide program participation data for a broader process or outcome evaluation study at the site.

2. Patient Background Information Form (Patient Demographics)

The MOD’s CP Patient Background Information Form is designed to collect information from CP patients (pregnant women) about their backgrounds. The CP group facilitator gives each CP patient a copy of this form at the beginning of her first CP session and asks her to complete it right away. The form asks for name, age, educational level, insurance provider, race/ethnicity, and number of weeks pregnant. Patients return the completed form to the CP group facilitator. If a patient joins the CP group after the first session (e.g., at session 2 or 3), she should be given the form at the start of the session and asked to complete it right away and return it to the facilitator. As with the attendance sheet, partners, friends, doulas, etc. who may attend with the patient should not complete the form.
The MOD’s Process Data Summary Reporting Form (see #4, below) includes summary data from the Patient Background Information Forms completed during the grant period. Data to be reported to the MOD chapter from the Patient Background Information Forms include:

- a. Age range of CP patients;
- b. Total number and percent of CP patients by age group;
- c. Total number and percent of CP patients by educational level;
- d. Total number and percent of CP patients by race/ethnicity;
- e. Total number and percent of CP patients by gestational age at first CP session;
- f. Total number and percent of CP patients by prenatal care payer.

In addition to facilitating data collection for the purposes of reporting to the MOD chapter, the CP facility or organization can benefit from collecting these data. Specifically, the data can help to:

- Identify key demographic characteristics of CP patients;
- Track gestational age of CP patients at program start;
- Determine dominant and diverse payers of CP patient prenatal care;
- Compare demographics across CP groups;
- Compare demographics of CP patients with those in traditional prenatal care at the site;
- Identify (in combination with attendance data) which demographic groups received the highest dosages of CP prenatal care;
- Provide demographic information on CP patients for a broader process or outcome evaluation study at the site.

3. Evaluation Tools 1 and 2

The CP Mom’s Notebook includes CHI’s Evaluation Tool 1, which is to be completed by all CP patients at midway through their group care (mid-session), and CHI’s Evaluation Tool 2, which is to be completed by all CP patients at near the end of their group care (late-session). Evaluation Tool 1 asks each patient to circle the word that best describes how she feels about a number of pregnancy- and prenatal-care related items, and to respond to some open-ended (fill-in-the-blank) questions. Evaluation Tool 2 asks each patient about how well she felt a series of CP program areas were covered in her CP group. It also asks about how she felt about how CP approaches risk assessment (weight, blood pressure, measuring uterus, baby's heartbeat). Patients are instructed by the CP facilitator to complete these tools at the end of the appropriate session and return the completed forms to the facilitator.

The MOD’s Process Data Summary Reporting Form (see #4, below) includes summary data from the Evaluation Tools 1 and 2 completed during the grant period. Data to be reported to the chapter from the Evaluation Tools include:

- a. Total number and percent of CP patients who agree/disagree/are uncertain about “being prepared well for the labor/delivery process”;
- b. Total number and percent of CP patients who agree/disagree/are uncertain about “being prepared well for caring for a new baby”;
- c. Total number and percent of CP patients who answered ‘yes’ vs. ‘no’ to the question “Were you comfortable doing this [most of the risk assessment] in the group setting?”;
- d. Total number and percent of CP patients who answered ‘yes’ vs. ‘no’ to the question “Did you feel satisfied that your physical checkup was adequate?”
In addition to facilitating data collection for the purposes of reporting to the MOD chapter, Evaluation Tools 1-2 can help CP sites to:

- Track CP patient satisfaction with some key aspects of the program and suggest areas for program improvement;
- Compare CP program satisfaction across CP groups.

4. Process Data Summary Reporting Form

The MOD’s Process Data Summary Reporting Form provides the MOD chapter with process data in aggregate form—that is, it summarizes information about all patients who participated in the grantee’s CP programming during the grant period. This form asks for grantee contact information, the grant period dates, and the date of the first CP group during that grant period. It also asks for a summary of selected data from all CP Attendance Sheets (section B), Patient Background Information Forms (section C), and CHI Evaluation Tools 1-2 (section D) completed during the grant year. This information will help both the grantee and the MOD chapter to understand how many and who their CP programs are reaching as well as how satisfied CP patients are with several key aspects of the program.

These variables are central to and valuable for both process and outcome evaluations and can provide sites with important information about their programs in an easy-to-share format. As such, they can help demonstrate the reach of the CP program to site administrators and others involved with deciding whether or not to support or institutionalize CP at the site. These data (as reported in aggregate) may also ultimately be used by MOD to evaluate CP at the chapter, regional, and/or national level.

Should CP providers/sites have any questions about how to complete the form, the form includes a contact phone number for the MOD chapter.

5. Essential Elements Documentation

CHI uses the Essential Element Documentation form as part of their official site approval process. It helps them to measure the adherence of the CP site under consideration to thirteen CP core program components and attributes that CHI has deemed essential for fidelity to the CP model. The MOD is requiring that each CP funding grantee complete this form at the end of their grant period and send it to their MOD chapter in order to give the chapter a sense of the grantee’s adherence to these CP core elements.

It is important to note that neither CHI nor the March of Dimes expects providers in their first year of CP planning and implementation to show fidelity to all core elements. Both organizations anticipate that a grantee’s ability to implement CP fully and show compliance with all elements will evolve and improve over time.