Home Birth Summit
The Future of Home Birth in United States:
Addressing Shared Responsibility

Best Practice Transfer Guidelines

Home Birth Summit Collaboration Task Force
2014
Home Birth Consensus Summit
Organizational Representation for Planning
Home Birth
Consensus Summit

Improved integration of services across birth sites for all women and families in the U.S.

• A cross-section of the maternity care system in one room
• A shared passion for quality in maternity care
• A commitment to work together to improve safety for women and babies across birth sites
• All perspectives and viewpoints considered
• Purposeful dialogue
Stakeholder groups representing the complete spectrum of maternity care:

- Home Birth Consumers & Advocates
- Midwives
- Health Policy, Legislators, Regulators & Ethicists
- Maternal-Child Health Providers, OBs & Family Practice Physicians
- Healthcare Models, Systems & Hospital Administration
- Public Health, Research & Education
- Insurance (Liability & Payors)
Outcomes

9 Common Ground Vision Statements

- Autonomy & Choice
- Interprofessional Collaboration & Communication
- Reduction in Health Disparities & Equity in Access to Care
- Research, Data Collection & Knowledge Translation
- Interprofessional Education
- Liability Reform
- Physiologic Birth
- Consumer Engagement & Advocacy
- Regulation & Licensure of Home Birth Providers

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Outcomes

Areas for Action for each of the vision statements

Personal Commitments to work to address barriers

Task Forces formed
Vision

Interprofessional Collaboration & Communication

“We believe that collaboration within an integrated maternity care system is essential for optimal mother-baby outcomes.

All women and families planning a home or birth center birth have a right to respectful, safe, and seamless consultation, referral, transport and transfer of care when necessary.

When ongoing inter-professional dialogue and cooperation occur, everyone benefits.”
Collaboration Task Force

- **Diane Holzer** LM CPM PA-C, Fairfax California (Chair)
- **Jill Breen** CPM CLC, Midwife, St. Albans Maine
- **Kate T. Finn** MS CM CPM, Licensed Midwife, Ithaca New York
- **Timothy J. Fisher** MD MS FACOG, Chair Department of Surgical Services, Cheshire Medical Center/Dartmouth-Hitchcock Keene, Keene New Hampshire
- **Lawrence Leeman** MD MPH, Professor, Family and Community Medicine, Obstetrics and Gynecology, University of New Mexico, Albuquerque New Mexico
- **Audrey Levine** LM CPM, Licensed Midwife, Olympia Washington
- **Ali Lewis** MD FACOG, OB/GYN, Seattle Washington
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- **Tami J. Michele** DO FACOOG OB/GYN, Fremont Michigan
- **Judy Norsigian**, Executive Director, Our Bodies Ourselves, Cambridge Massachusetts
- **Saraswathi Vedam** RM MSN FACNM Sci D(hc), Professor, Division of Midwifery, University of British Columbia, Vancouver British Columbia

*a unique collaboration among physicians, midwives, nurses and consumers*
Why is this needed?

Best Practice Guidelines:
Transfer from Planned Home Birth to Hospital

"At all times the mother and her family planning a home or birth center birth have a right to supportive, safe, and effective obstetrical care, whenever and wherever care is needed. The ongoing inter-professional, team-based and cooperative care everyone benefits."

The statement above from the Home Birth Coalition Summit serves as the foundation for the following guidelines on transfer from planned home birth to hospital. These guidelines were developed by a multi-disciplinary group of home and hospital based providers and stakeholders who were deliberating at the national Home Birth Coalition Summit in 2011 and 2013. These guidelines are influenced by the best available evidence on risk reduction and quality improvement and by creating regional policy and practice documents addressing transfer from home to hospital.

The purpose of these guidelines is to:
1. Highlight core elements to be included when developing documents and policies related to transfer from home to hospital.
2. To promote the highest quality of care for women and families across birth settings via respectful inter-professional collaboration, ongoing communication, and the provision of compassionate family-centered care.

Collaborative care throughout the antenatal, intrapartum, and postpartum periods is essential to ensure whenever birth is planned outside the hospital setting, coordination of care and communication of expectations during transfer of care between settings improve health outcomes and consumer satisfaction.

State-specific hospital regulations and the Emergency Medical Treatment and Labor Act (EMTALA) established the legal framework for ensuring access to hospital care in the United States. The legal requirements of provisions of maternity care services vary between states, and the range of services provided varies significantly. This means that even when a woman is in labor in one state and needs to be transferred to another, the states have different requirements.

These guidelines are appropriate for births planned at home or in a freestanding birth center. Furthermore, we recognize not all provisions of home birth or birth center services are available. However, we use these principles because the vast majority of providers of home birth or birth center services identify as midwives.
Increasing Numbers of Home and Birth Center Births

Trend 1990 - 2012

Percentage of births by state: 2012

2012 Total
1.36% Nationwide
2-6.0% 11 states

Transfer rate from Planned Home Birth to hospital after onset of labor

Non-urgent reasons, such as failure to progress in labor

8-12%

78%
Research shows...

Collaborative care throughout the antepartum, intrapartum, and postpartum periods is crucial to safety whenever birth is planned outside the hospital setting.

Physicians & Midwives in North America Report:
- Feelings of discomfort & friction during interprofessional consultations related to planned home birth

Health Outcomes & Satisfaction Improved by:
- Coordinating care & communication of expectations during transfer of care between birth settings

"Collaborare"

To Labor Together

Webster’s Collegiate Dictionary
Best Practice Guidelines: Transfer from Planned Home Birth to Hospital
Development Process

Collaboration Task Force – physicians, midwives, nurses & consumers

Reviewed existing regional exemplars

Critical elements outlined, evidence-reviewed

Vetted with all Home Birth Summit delegates
Best Practice Guidelines: Transfer from Planned Home Birth to Hospital

Promote the highest quality of care for women and families across birth settings via respectful inter-professional collaboration, ongoing communication, and the provision of compassionate family-centered care.

Model practices for the midwife

Model practices for hospital-based care provider and staff

Quality improvement and policy development
In the prenatal period, the midwife provides information to the woman about hospital care and procedures that may be necessary and documents that a plan has been developed with the woman for hospital transfer should the need arise.

The midwife assesses the status of the woman, fetus, and newborn throughout the maternity care cycle to determine if a transfer will be necessary.

**Model practices for the midwife**

The midwife notifies the receiving provider or hospital of the incoming transfer, reason for transfer, brief relevant clinical history, planned mode of transport, and expected time of arrival.

The midwife continues to provide routine or urgent care en route in coordination with any emergency services personnel and addresses the psychosocial needs of the woman during the change of birth setting.
Upon arrival at the hospital, the midwife provides a verbal report, including details on current health status and need for urgent care. The midwife also provides a legible copy of relevant prenatal and labor medical records.

The midwife may continue in a primary role as appropriate to her scope of practice and privileges at the hospital. Otherwise, the midwife transfers clinical responsibility to the hospital provider.

The midwife promotes good communication by ensuring that the woman understands the hospital provider’s plan of care and the hospital provider understands the woman’s need for information regarding care options.

If the woman chooses, the midwife may remain to provide continuity and support.
Model practices for the hospital provider and staff

- Hospital providers and staff are sensitive to the psychosocial needs of the woman that result from the change of birth setting.

- Hospital providers and staff communicate directly with the midwife to obtain clinical information in addition to the information provided by the woman.

- Timely access to maternity and newborn care providers may be best accomplished by direct admission to the labor and delivery or pediatric unit.

- Whenever possible, the woman and her newborn are kept together during the transfer and after admission to the hospital.
Model practices for the hospital provider and staff

Hospital providers and staff participate in a shared decision-making process with the woman to create an ongoing plan of care that incorporates the values, beliefs, and preferences of the woman.

If the woman chooses, hospital personnel will accommodate the presence of the midwife as well as the woman’s primary support person during assessments and procedures.

The hospital provider and the midwife coordinate follow up care for the woman and newborn, and care may revert to the midwife upon discharge.

Relevant medical records, such as a discharge summary, are sent to the referring midwife.
Quality improvement & policy development

All stakeholders involved in the transfer and/or transport process, including midwives based at home or in the hospital, obstetricians, pediatricians, family medicine physicians, nurses, emergency medical services personnel, and home birth consumer representatives, should participate in the policy development process.

Policies and quality improvement processes should incorporate the model practices ...
The Guidelines

- Appropriate for births planned for home or birth center
- Focus on the consumer
- Provided as open source to encourage widespread adoption

"Ensure that midwives have effective back-up when needed and that they are part of a collaborative team of health-care professionals to provide the continuum of care along the reproductive life cycle and from home to hospital."

Impact on the Family

"This is such an important topic. I'm a labor nurse at a high-risk hospital & when we receive HB transfers no one seems to know what to do or say to support the family or recognizes the difficulty of the transfer on them."

Phoebe McCarthy RN
Collaboration in Action

- Legacy Emanuel Hospital, Portland OR
- Safe and welcoming
- Staffing and Training
- Positive outcomes

http://www.portlandmonthlymag.com/health-and-fitness/articles/home-birth-in-oregon-january-2013/1
Impact

Mother: Leea Brady

“I knew that we needed to be in the hospital in case anything went wrong.”

“I was really surprised when I arrived and the hospital staff told me they had read my birth plan, and they would do everything they could to honor our intentions for the birth.”

“My midwife was able to stay throughout the birth, which meant a lot, because I had a trusting relationship with her. She clearly had good relationships with the hospital staff, and they worked together as a team.”
Dissemination

Publication

Poster Presentations
- Lamaze & DONA – September 2014
- AAFP - *Family Centered Maternity Care* – July 2014
- ACNM - *Region 1 Conference, Freeport, ME* - November 2014

Conferences
- MANA – October 2014
- ACOOG – Spring 2015
- ACNM – June 2015
- ACOG – abstract submitted – Annual Meeting 2015

Webinar
- NACPM

Hospital Presentations
- Smooth Transitions – Washington State
- Michigan State
Research shows:

• Physicians and midwives in North America report feeling discomfort and friction during interprofessional consultations related to planned home birth, especially when addressing transfers from home to hospital.
• Coordination of care and communication of expectations during transfer of care between birth settings improve health outcomes and consumer satisfaction.

Purpose: To promote the highest quality of care for women and families across birth settings via respectful inter-professional collaboration, ongoing communication, and compassionate family-centered care.

Authors: Home Birth Summit Collaboration Task Force – a unique collaboration among physicians, midwives, nurses and consumers.

Common Ground Vision Statement #2: Interprofessional Collaboration & Communication

We believe that collaboration within an integrated maternity care system is essential for optimal mother-baby outcomes. All women and families planning a home or birth center birth have a right to respectful, safe, and seamless consultation, referral, transport and transfer of care when necessary. When ongoing inter-professional dialogue and cooperation occur, everyone benefits.

The Guidelines:

• A model blueprint, designed to facilitate safe and mutually respectful transfer of care of a woman and her family from a planned home birth to the hospital.
• Appropriate for births planned for home or birth center.
• Informed by the best available evidence on risk reduction and quality improvement.
• List model practices for both hospital-based care providers and midwives.
• Promote multi-stakeholder collaboration with a focus on the consumer.
• Promote quality improvement policies and processes.
• Provided as open source to encourage widespread adoption.

Physicians are Saying:

“‘When the family sees that their midwife trusts and respects the doctor receiving care, that trust is transferred to the new provider. It is rare that transfers come in as true emergency. But when they do, if the midwife can tell the family she trusts my decisions, then I can get consent much more quickly, which results in better care and higher patient satisfaction.”

Ali Lewis MD OB/Gyn

Family Medicine physicians ability to care for both the pregnant woman and her baby can facilitate care and communication at the hospital. Midwives delivering in the home or birth center and Family Medicine physicians are the only health care providers whose care encompasses both ends of the umbilical cord!”

Larry Leeman MD MPH Family Medicine

Some hospital-based providers are fearful of liability concerns, or they are unfamiliar with the credentials and the training of home birth providers. But families are going to choose home birth, for a variety of cultural and personal beliefs. These guidelines are the first of their kind to provide a template for hospitals and home birth providers to come together with clearly defined expectations.’”

Timothy Fisher MD MS

A Vision for Maternity Care

• Home Birth Consensus Summit, October 2011, Warrenton VA
• Summit 2 – April 2013, Summit 3 – September 2014
• National leaders from all stakeholder perspectives in maternity services meet to address shared responsibility for care across birth settings in the United States.
• Stakeholders: Midwives (CNM and CPM); Family Medicine Physicians; Obstetrician/Gynecologists, Pediatricians; Nurses; Health Care Models; Systems and Hospital Administration; Home Birth Consumers; Advocates; Insurers; Health Policy, Legislators, Regulators and Ethicists; Researchers and Educators.
• Objective: Purposeful dialogue towards improved integration of services across birth sites for all women and families in the US.
• Outcomes (Summit 1): 9 common ground vision statements created based on challenging issues in maternity care; task forces formed to identify and facilitate solutions.

www.homebirthsummit.org


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Limitations to Optimal Transfer Care: future directions

- Antepartum collaboration
- Interface with emergency medical system for ambulance transfer
- Care of newborn after maternal transfer
- Newborns needing transfer for evaluation and/or hospital care
- Transfer issues for midwives (CPM) in unlicensed states
Endorsements

40 Organizations 120 Individuals

Including:
• ACNM
• MANA
• NACPM
• Lamaze
• NARM

Endorse the Guidelines
www.homebirthsummit.org