Smooth Transitions: Enhancing the Safety of Planned Out-of-Hospital Birth Transfers

A Quality Improvement Initiative of the WA State Perinatal Collaborative
Midwives Association of Washington State
http://washingtonmidwives.org/

- Approximately 120 Licensed Midwives in state
  - Attend >3% of all births or ~ 3000 births/year
  - 60% at home and 40% in licensed birth centers

- MAWS has represented Licensed Midwives in state legislation and public policy since 1983

- After two decades of improving relations, home to hospital transfers suddenly became increasingly difficult in the early 2000’s
• Representatives from the four regional perinatal networks, professional organizations (including MAWS), consumer groups, and state agencies

• Purpose to review and assess perinatal health issues across the state

• PAC adopted new Level of Care Guidelines for hospitals in 2005; MAWS brought the issue of problematic transfer to the committee at same time
MD/LM Workgroup

Appointed in September 2005 as a subcommittee of the Department of Health’s Perinatal Advisory Committee

→ Charge: To study and improve the process of transferring women and their babies from a planned home or birth center location to an acute-care hospital when a higher level of care becomes necessary
MD/LM Workgroup
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GOALS:

- Build greater understanding between OOH birth midwives and hospital personnel
- Improve interactions between providers when intrapartum transfers occur
- Increase probability of safe and satisfying care for mothers and babies

www.waperinatal.org
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- Activities
  - Smooth Transitions Project Manual
  - Outreach to local hospitals and midwives
  - Assess current situation
  - Presentations to hospital staff by midwife-physician team
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**Activities**

- Encourage formation of a Planned OOH Birth Transfer Committee
  - Local Licensed Midwives
  - Obstetricians, Family Physicians, CNMs
  - Emergency Department Physician & Nursing Leadership
  - Obstetrics Nurse Manager
  - Obstetrics Charge Nurses
  - Hospital Administration Representatives (including risk management department)
  - EMS personnel
- Follow-up assessment
ST Project Manual

- Project Background
- Licensed Midwives
  - Training
  - Licensure
  - Scope of practice
  - Data on outcomes transfer rates and reasons
  - Peer review and incident review program
Hospitals and physicians will want to consult their legal counsel; however, it is our understanding that the professional liability insurance companies who provide obstetricians and gynecologists with professional liability insurance ask that their insureds not form formal, written consultation agreements with licensed midwives, which might be interpreted as the “loaning” of the physician’s liability policy limits to the licensed midwife.

It is our further understanding that these companies do cover their insureds when their insureds are assigned to emergency obstetrical call as a condition of hospital privileges, and are then asked to care for any woman brought into the hospital for obstetrical care, including those women being transported who have been under the care of a licensed midwife.
ST Project Manual

• MAWS Indications for Discussion, Consultation and Transfer of Care in a Home or Birth Center Midwifery Practice

http://washingtonmidwives.org/for-midwives/indications-consultation.html
ST Presentation

- Midwife-physician team meet with hospital staff

Powerpoint presentation addresses
- Upward trends in OOH
- Issues in transfer of care, lack of systemic support
- National context, including AWHONN Position Statement on Midwifery, ACOG Statement on Home Birth, and Home Birth Consensus Summit
Statement on Collaboration:

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.
ST Presentation

HBCS Collaboration Workgroup
May 2014

Best Practice Guidelines: Transfer from Planned Home Birth to Hospital
ST Presentation

- **Licensed Midwives**
  - Training
  - Licensure
  - Scope of practice
  - Legend drugs and devices
  - Equipment and emergency skills
  - Health insurance contracts
  - Liability insurance
  - MAWS Quality Management Program
  - Data on intrapartum hospital transfers
Intrapartum transfer obstacles reported by hospital-based providers:

- Belief that home birth is unsafe
- Burden of assuming care of unknown patient with elevated risk
- Working with “difficult” patients or “difficult” midwives
ST Presentation

- Intrapartum transfer obstacles reported by midwives:
  - Lack of awareness among hospital-based providers of OOH research supporting safety
  - Defense of co-negotiated assessment of risk
  - Feeling judged by the “exception rather than rule”
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.

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.

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

- 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.

- Relevant medical records, such as a discharge summary, are sent to the referring midwife.
7 hospitals have had initial presentations:

- University of WA Medical Center, Seattle
- Evergreen Health, Kirkland
- Providence Health and Services, Everett
- PeaceHealth St. Joseph, Bellingham
- Jefferson Healthcare, Port Townsend
- Yakima Valley Memorial Hospital, Yakima
- Kittitas Valley Healthcare, Ellensburg

3 other hospitals have expressed interest:

- St. Joseph Medical Center, Tacoma
- Providence St. Peter Hospital, Olympia
- Valley Medical Center, Renton

These 10 hospitals account for over 30% of state births
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Lessons Learned

• Home to hospital transfer is a systems problem – requires policy-level support
• Cultivate respectful relationships built on sharing and listening
• Identify local midwives and hospital staff who will “champion” the project
• Engage all stakeholders
• Maintain contact, follow-up
• Paid project coordinator
• Build on HBCS Collaboration, incorporate in pre- and post-assessment of project
It’s real people!
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