PERINATAL TRANSITIONS

PROGRAM

www.perinataltransitions.com

WHAT IS PERINATAL TRANSITIONS?

A QI program aiming to improve transfers between planned out-of-hospital births and hospital care.

Mission:

To promote greater patient safety and satisfaction with the transition between planned out-of-hospital birth and hospital care.

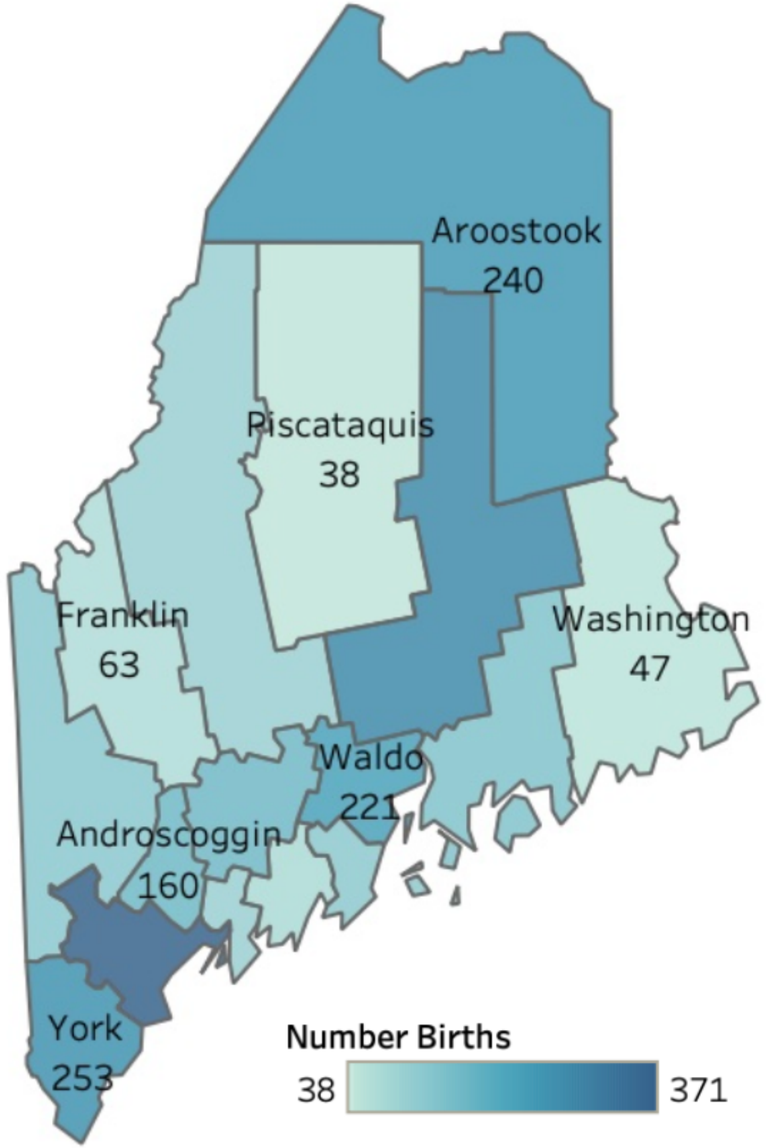
Goals:

- Improve the safety and efficiency of the transfer process through the establishment of system-wide protocols
- Collect and analyze transfer outcome data for the purpose of quality improvement
- Build greater collaboration between out-of-hospital birth providers, EMS, and hospital care teams
- Enhance the patient experience of care when transfers occur

WHO PARTICIPATES?

PERINATAL TRANSITIONS

- OUT-OF-HOSPITAL PROVIDERS
- EMS
- HOSPITAL PROVIDERS
- PATIENTS



PERINATAL TRANSITIONS

WHY MAINE? WHY NOW?

- **2,442** planned out-of-hospital births between 2010-2020
- **9th highest** rate of out-of-hospital birth in the nation
- **2.65%** of 2020 births were planned out-of-hospital births
- **306** out-of-hospital births in 2020

OUT-OF-HOSPITAL BIRTH HISTORY

Collection of the Smithsonian National Museum of African American History and Culture, Gift of Robert Galbraith © 1987 Robert Galbraith

Historically
Indigenous midwives

Colonization
European trained midwives and eventual shift to hospital birth by 1950-60

1970s
Renewed interest in homebirth

1991
First CPM exams given in US, including Maine midwives

1992
NARM, credentialing organization, is formed

2006
Southern Maine Midwives' Collective is formed and later that year becomes MACPM

2008
Bill to allow CPMs to "acquire and administer" 5 medications is signed

2016
Bill requiring licensure for CPMs is signed

2020
CPMs required to be licensed. State began issuing licenses in December 2019

Mar. 2021
Rules adopted to govern the practice of CPMs

CERTIFIED PROFESSIONAL MIDWIVES

TRAINING & LICENSURE

TRAINING

- 3-5 year MEAC Institution Training
- Clinical Residency
- NARM Exam
- Cultural Competency
- 3 Year Recertification
- Continued Education Hours
- Peer Review Hours
- BLS Certified
- NRP Certified

OVERSIGHT

- Board of Complementary Health Care Providers
- North American Registry of Midwives

FORMULARY

Acyclovir, APNO, Antibiotics, B6 Injectable, Epinephrine, Erythromycin, IV Fluids, IUDs, Lidocaine, Methergine, Misoprostol, Naloxone, Nifedipine, Nitrous Oxide, Ondansetron, Oxygen, Oxytocin, Pracasil, Rh Immune Globulin, Sterile Water Injectible, Suture Material, Tranexamic Acid, Vaccines, Vitamin K, and more

SCREENINGS

Bloodwork, Cultures, CCHD, Hearing Screen, Newborn Metabolic Screen, NSTs, and more

EQUIPMENT

EFM, Doppler, LMAs, Ultrasound, Adult/Neonate Pulse Oximeter, Venipuncture, and more

EMERGENCY SKILLS

Breech Presentation, Essential NRP, PPH, Shoulder Dystocia, and more

LOW-RISK PERINATAL CARE

Maine CPM absolute transfer of care regulations.

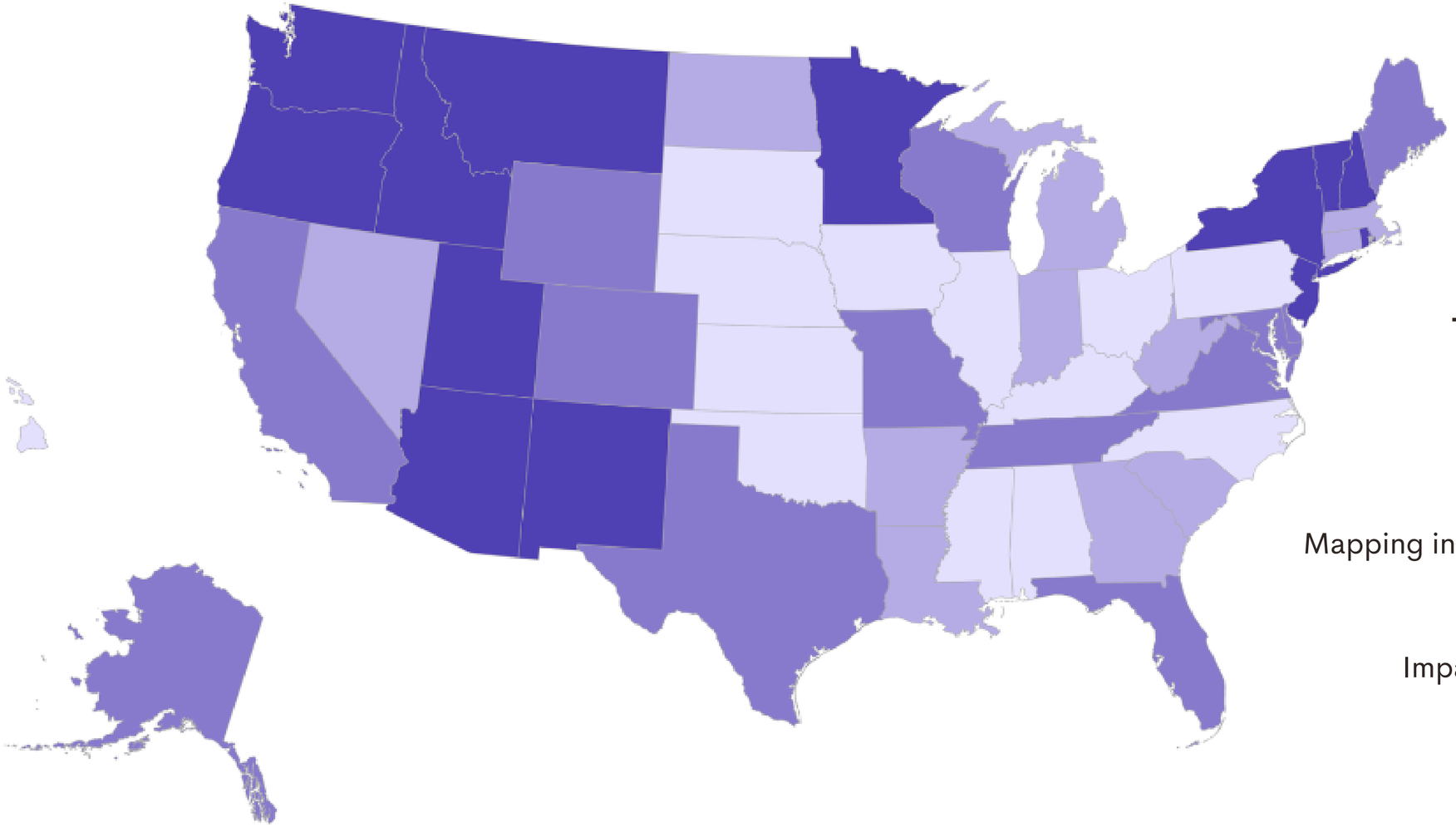
Reasons for Antepartum Transfers of Care
Uncontrolled GDM, Hypertensive Disorders, Placenta Previa, Breech Presentation, Abnormal Lab Findings, Abnormal Ultrasound Findings, Significant Anemia

Reasons for Intrapartum Transfers of Care
Breech Presentation, Genital herpetic lesions, Sx of Preeclampsia, Dehydration, Acidosis, Clinical Exhaustion, Pain Relief Excessive Bleeding, PTL, Sx Uterine Rupture, Prolapsed Cord, Clinically Significant Abdominal Pain, Seizures, Suspected Chorioamnionitis, Fetal Intolerance of Labor, Lack of Descent after 3h of Effective Pushing, Shock, Retained Placenta

Reasons for Postpartum Transfers of Care
Post PPH Support, 3rd/4th Degree Perineal Laceration, Uterine Prolapse, Shock, Sx of Uterine Infection, Sx of Retained Placental Fragments

Reasons for Newborn Transfers of Care
Congenital anomaly requiring timely care, Persistent abnormal vital signs, Upper airway obstruction, Persistent respiratory distress, Persistent pallor or central cyanosis, 10min APGAR below 7, Post-resuscitative care after chest compressions, Sx newborn hemorrhage, Seizures, Hypertonia or tremors

HOW DO WE IMPROVE OUTCOMES & EXPERIENCES?



THE ACCESS AND INTEGRATION MATERNITY CARE MAPPING (AIMM) STUDY

Mapping integration of out-of-hospital providers across the United States:

Impact on access, equity, and outcomes.

Vedam, Saraswathi et al.

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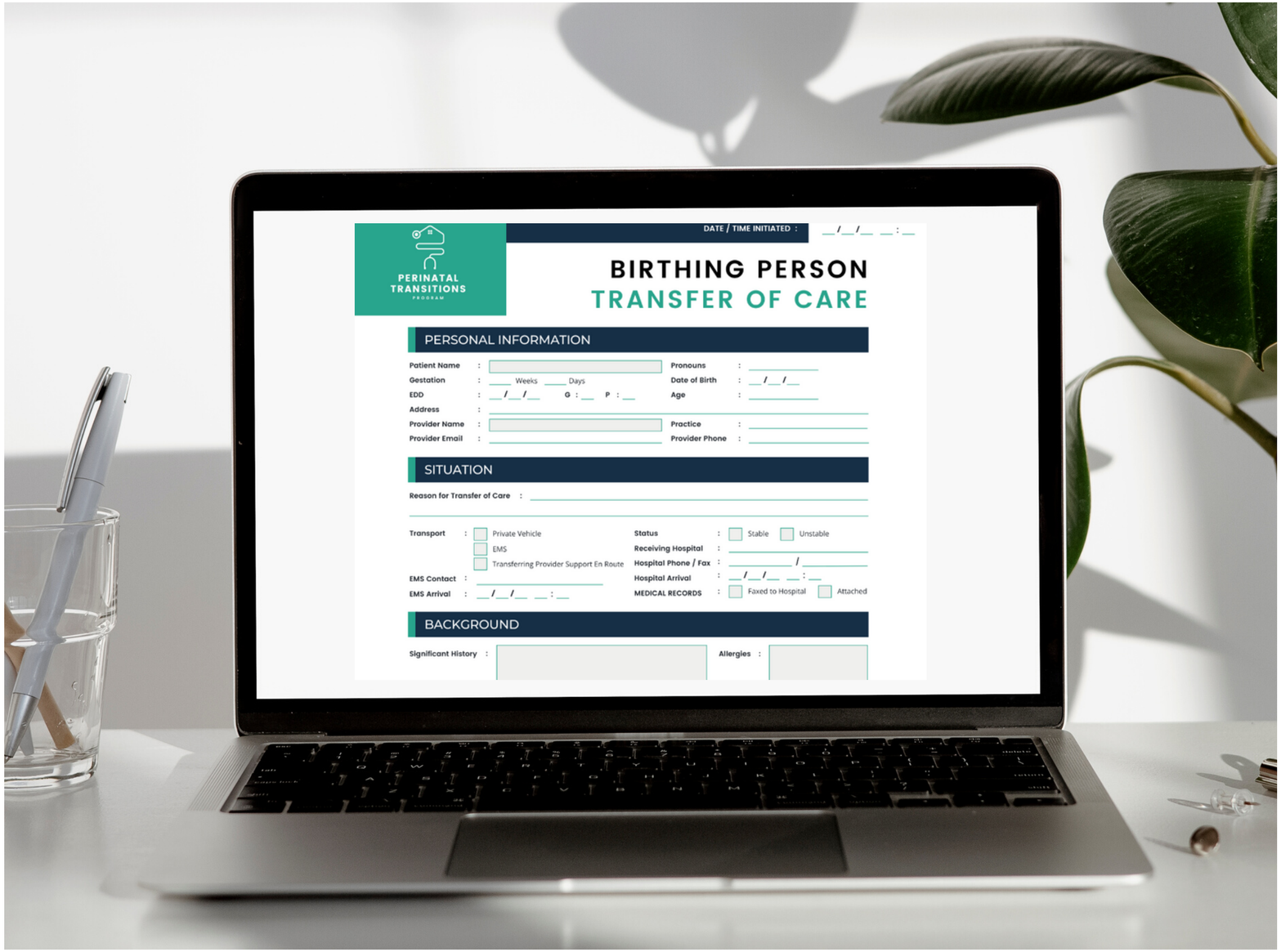
TRANSFER FORMS



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DATE / TIME INITIATED : __/__/__ __:__

BIRTHING PERSON
TRANSFER OF CARE

PERSONAL INFORMATION

Patient Name :
Pronouns :
Gestation : ____ Weeks ____ Days
Date of Birth : __/__/__
EDD : __/__/__ G : __ P : __
Age :
Address :
Provider Name :
Practice :
Provider Email :
Provider Phone :

SITUATION

Reason for Transfer of Care :

Transport : Private Vehicle
EMS
Transferring Provider Support En Route
Status : Stable Unstable
Receiving Hospital :
Hospital Phone / Fax : /
EMS Contact :
Hospital Arrival : __/__/__ __:__
EMS Arrival : __/__/__ __:__
MEDICAL RECORDS : Faxed to Hospital Attached

BACKGROUND

Significant History :
Allergies :

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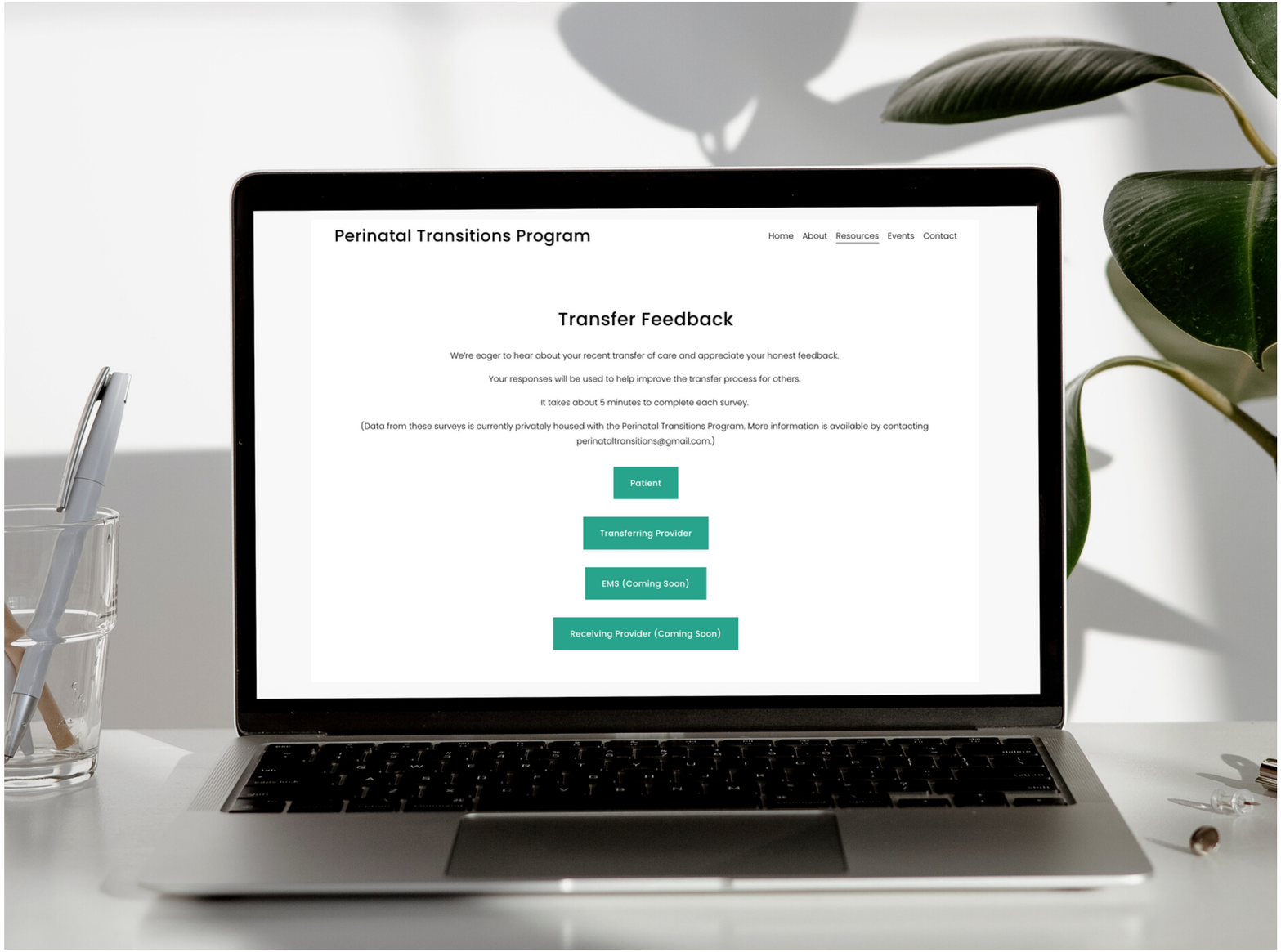
TRANSFER SURVEYS



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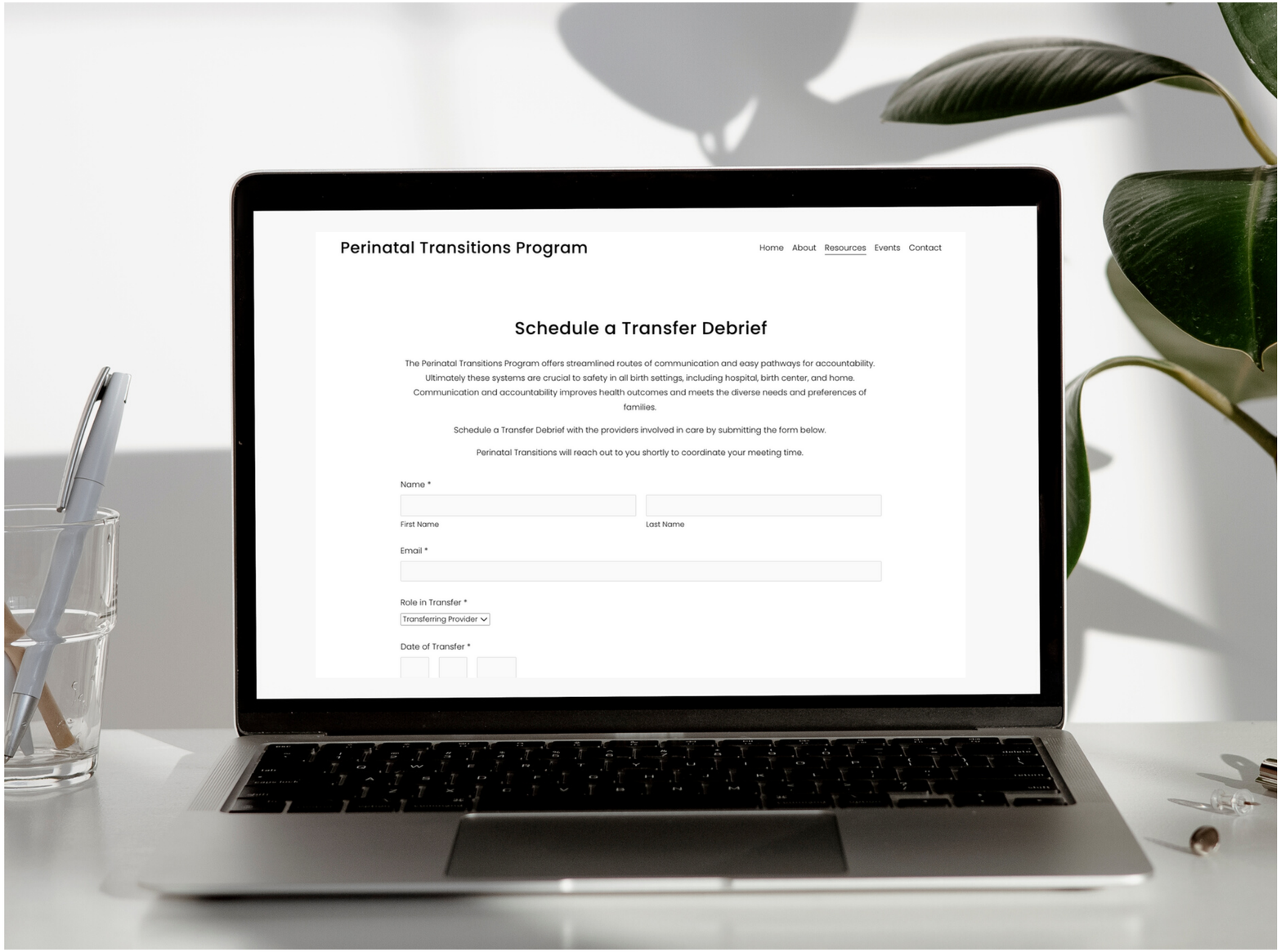
TRANSFER DEBRIEFS



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