Alongside Midwifery Units: Low Intervention Birth Care Within the Hospital

Presented by:

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Objectives:

- Define the elements of low intervention birth care and the birth center model
- Define a what a Midwifery Led Unit is and how it functions within hospital based maternity care
- Articulate the benefits of developing a Midwifery led unit
- Describe the outcomes achieved with the implementation of low intervention birth care
- Assemble an inter-professional team to start an Alongside Midwifery Unit in the participant's institution
- Evaluate the value and purpose of Commission for Accreditation of Birth Centers (CABC Accreditation).
- Articulate the successes and pitfalls of an example low intervention birth care programs in the United States

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Disclosures

Greta Gill, CNM

Commissioner, Commission for the Accreditation of Birth Centers

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Integrating the Midwifery Model into Maternity Care

- Dedicated space for the practice of midwifery
- Systems for ongoing client evaluation
- Smooth transitions between levels of care
- Meeting the triple aim

MidwiferyUnit NETWORK

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CMMI Strong Start For Mothers and Newborns

Enhanced prenatal care initiative to improve outcomes for low-income women and infants

- **Preterm birth rates**
- **Low birthweight**
- **Cost of care**

Three evidence-based enhanced prenatal care models

- **Birth Centers**
- **Group Prenatal Care**
- **Maternity Care Homes**

Strong Start Impact

TABLE 2. Estimated differences in key birth outcomes across midwifery-based birth center care and hospital-based usual care using propensity score weights.

Wallace, et al (2023)

A Outcome variables	B Midwifery-based birth center care Mean (%)	C Hospital-based usual care Mean (%)	D Propensity score weights with controls Difference (percentage points)	E Propensity score weights with controls Confidence intervals
(a) All women				
Cesarean section	7.6	19.9	−12.2***	[−13.4, −11.1]
Low birth weight	1.9	5.2	−3.2***	[−3.6, −2.8]
NICU admission	1.1	6.7	−5.6***	[−6.5, −4.8]
Breastfeeding at discharge	97.4	87.5	9.3***	[6.9, 11.7]
Neonatal death	0.1	0.2	−0.1***	[−0.2, −0.1]
N	85,842	261,439		

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Estimated Cost Savings Analysis

Lower caesarean rates and fewer medical interventions, reductions in preterm, low birthweight births when care provided through the freestanding birth center

Estimated Medicaid savings cesareans prevented **per 10,000 births $4.35 million (facility savings only)**

Estimated savings reduction in preterm births and NICU admissions **per 10,000 births $24.25 million**

Estimated cost increase to enhanced prenatal care would be offset by savings

Developing an AMU brings the birth center model to the hospital

Midwife Led Care: Interdisciplinary maternity care with midwife as primary provider

Birth Center: Facility for the practice of midwifery

Hospital Birth Center: Facility for the practice of obstetrics

Alongside Midwifery Unit: European term for hospital-based unit for the practice of midwifery

Alongside Maternity Unit: US term for hospital-based unit for the practice of midwifery

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Roadmap to Establishing an AMU: CABC Accreditation

- CABC is the National Accrediting Body for freestanding birth centers (separate from AABC)
- Experts in quality and safety for low intervention birth care. Concept of eligibility.
- Accreditation communicates to the public that the hospital is investing in a model of care that is different from obstetrics
- Accreditation requires fidelity to the birth center model within the hospital
- Unique quality metrics

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CABC AMU Standards & Indicators

Standard 1: Organization and Community

Standard 2: Model of Care

Standard 3: Facility

Standard 4: Equipment and Supplies

Standard 5: Health Record

Standard 6: CQI

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Case Study: The Midwifery Center at Tucson Medical Center for Women

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Freestanding Birth Center to a Hospital AMU

Leveraging Community Relationships

- BWHC first opened in 1982
- Midwives had delivery privileges at TMC for over 40 years
- Patients were offered the same options as freestanding birth center
- Support from hospital admin
- Closed model

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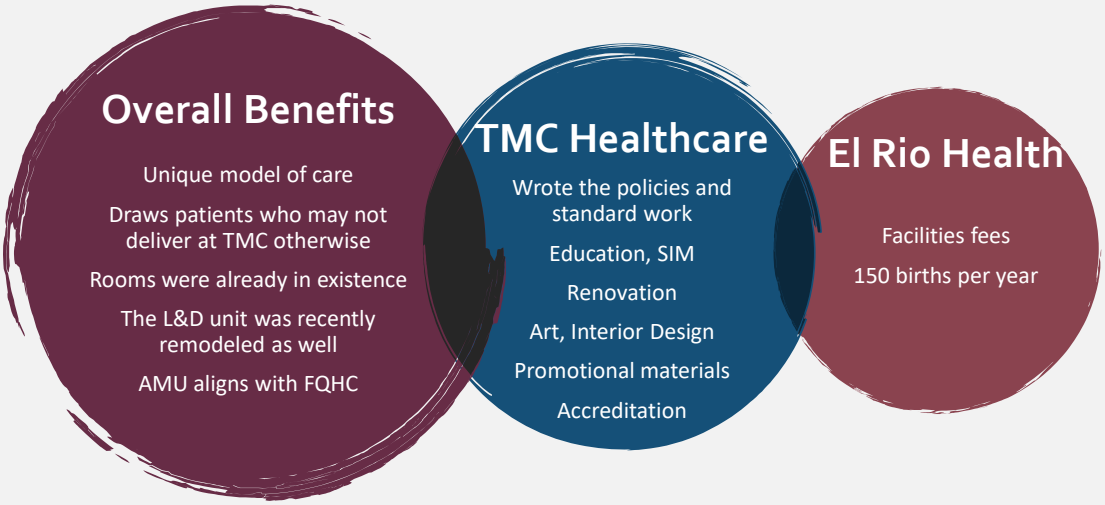
Motivating Factors



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Interdisciplinary Collaboration

Pathway to Early Discharge

Pediatric Privileging

- CNMs round with El Rio Peds team
- 24 hr home visit training for El Rio RNs. Community partnership with FQHC and local pediatric practice.

L&D RNs Discharging Couplets

- Postpartum discharge teaching
- Newborn discharge teaching
- How to identify abnormal
- Car seat checks
- Breast feeding support

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Staffing the AMU

Nursing Staff

- Dedicated AMU nursing staff versus cross training all staff
- L&D & AMU one cost center so staffing includes projected births in the AMU
- Relevant certifications and competencies

Provider Staff

- Closed versus open model
- Relevant certification and competencies

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Gathering Champions

Maternal Newborn Stakeholders

- Service line director
- Managers of L&D triage, L&D, MBU, NICU
- OB/GYN department
- Pediatrics department
- MFM group
- Nursing educators
- Perinatal Nurse Navigator
- Perinatal safety officer
- Midwifery leaders

Leverage Hospital Infrastructure

- Facilities
- Environmental Services
- IT
- Billing department
- HIM/Medical Records
- Medical staff services & HR
- Laundry
- Food Service
- Laboratory
- Healing arts program
- Hospital foundation
- Newborn hearing screeners
- Perinatal education

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Patient Orientation to the MWC

Initial Prenatal Visit

- Introduction to the midwifery model of care and our philosophy
- Explain the differences between midwives and OB/GYNs
- Explain the relationship with OB/GYNs in our practice, how and when we consult, collaborate, refer, and transfer.
- CNM shared call practice- patient's can choose continuity if they want but their delivery provider is not guaranteed
- Brief introduction of the AMU as an option for unmedicated birth or waterbirth
- Brief discussion of eligibility for midwifery care and the MWC

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36 Week Birth Plan Visit & Eligibility

Birth Preferences Form Review

- Childbirth education classes, birth attendance, newborn medications, greatest fears, vision of their birth, role of the midwife, early discharge or MBU, postpartum support, circumcision and contraception
- Final discussion by CNM admission, eligibility, AMTSL, and postpartum follow-up
- 36 wk labs are collected & GBS positive teaching
- Weekly chart review by the group for eligibility

Other Handouts

- How to Start Labor at Home, Labor Comfort, About the Home Visit

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Let's Take a Virtual Tour!

TMC for Women | The Midwifery CENTER

(Anyce Paquette Interior Designs, LLC, 2019)

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(TMC Health, 2019)

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TMC for Women | The Midwifery CENTER

What Did We Overcome?

Education

- Teams to educate staff
- SIM team
- Intermittent Fetal Monitoring Training

Finances

- TMC for Women as one cost center
- Our expenses are covered (mostly people costs)

Staffing & Coverage

- Midwives cover OBGYNs at night
- Midwives moving toward being entry to women's health care

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Ongoing Challenges

Patients

- Universally patients do not enjoy the triage experience
- Patients may deliver in triage or 195 & 196

Nursing

- Some RNs fear physiologic birth
- Nurse charting area

Midwives

- Spread thin covering triage, L&D, and MWC

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Lessons and Pearls

Facilities: Plan for renovation and repairs. Have back up space. Design in expansive workspace for staff and storage. Consider a birth center model for labor assessment.

Staff development: Identify nurse preceptors on every shift to mentor other nurses. Allow for shadowing experiences.

OB/GYN Department: Report on outcomes and utilization monthly. Celebrate accomplishments.

QI: Audit your work. Make sure that IA is done properly.

P&Ps: Edit as needed, especially eligibility criteria.

Communications: Keep engaged in the community and promoting the model. Leverage social media

Community relationships: Streamline transitions from facility to community to home.

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Enrollment and utilization 2023

29% of mothers planning MWC in /3\ are admitted

- Planning MWC at onset of care: 507
- Planning MWC /3\: 466
- AP Transfer: 126
- Attrition Non-Medical: 15
- Pre-IP Transfer: 135
- Admissions to MWC: 137
- Births in MWC: 116

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Pre-IP Transfers

Pre-IP Transfers	Bleeding	Elective	Precip at home/en route	HTN	Pain	Logistics
	3	10	5	20 (15%)	27 (20%)	13 (9.6%)

Pre-IP Transfers	Malpresentation	FHTs	Meconium	PTL/PPROM	Prolonged Latent	Term ROM without labor
	1	11	4	6	5	28 (21%)

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Transfers IP, PP, NB

13.9%	FHTS	Pain	Meconium	1st stage arrest	2nd stage arrest
IP Transfer	6	4	3	6	1

2.5%	PPH	Retained placenta
PP Transfer	2	1

3.4%	RDS	Suspected HSV	SGA
NB Transfer	2	1	1

Transfer Outcomes:
NSVD: 80%
VAVD: 10%
PCS: 10%

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Health on TUCSON

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MWC Birth Stats 2021-2023

	Admissions	Births	IP transfer	PP transfer	NB transfer	Early discharge	MBU
2023	137	116	21	3	4	49	67
2022	156	120	36	7	7	48	72
2021	132	116	16	5	7	53	63

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(El Rio Health Midwifery Department, Birth Stats, 2023)

El Rio Midwifery Birth Stats- 2023

	2023	2022	2021
Primary CS	13.92%	12.0%	12.4%
Repeat CS	5.2%	5.2%	3.5%
Cesarean section rate	19.12%	17.2%	15.9%
VBAC success	65.4%	63.6%	53.1%
VAVD	1.18%	2%	2.5%
Episiotomy	1.67%	1.1%	2.5%
Total Births	1013	916	887

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(El Rio Health Midwifery Department, Birth Stats, 2023)

Couplet Disposition 2023

- Early discharge: 49 (42%)
  *65% left 4-6 hrs PP
- Planned MBU: 67 (58%)
- Breastmilk feeding at early discharge: 100%
- Breastmilk feeding after MBU stay: 88%
- Maternal readmission after early discharge: 1 (breast abscess)
- Newborn readmission after early discharge: 1 (jaundice)

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RECOGNIZED NCQA PATIENT-CENTERED MEDICAL HOME

HEALTHCARE EQUALITY INDEX 2022 LGBTQ+ HEALTHCARE EQUALITY LEADER

QUESTIONS?

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