



2019 Annual Meeting & Conference

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OCTOBER 28-29, 2019
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***Healthy Mothers, Healthy Babies. In That Order.
Centering Mother's Voices in Maternal Care.***

BIRTH CENTERS

The Midwifery Model of Care Applied to Women's Health and Obstetrics

ABOUT ME...

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Go Gators!



DISCLOSURES

I have no financial disclosure or conflicts of interest with the presented materials in this presentation

DEFINITIONS

- **Rules and Regulations of the State of Georgia**

"Birth Center", "Birthing Center" or "Center" means a facility, other than the laboring woman's legal residence, which admits persons for the purpose of childbearing and which facility has not been classified and licensed by the Department as a hospital.

DEFINITIONS

- **Centers for Medicare and Medicaid Services (CMS)**
"A birth center is a facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of newborn infants."
- **The ACOG/SMFM (2019) Obstetric Care Consensus document 'Levels of Maternal Care'**
"Peripartum care of low-risk women with uncomplicated singleton term pregnancies with a vertex presentation who are expected to have an uncomplicated birth."

AABC (2016)

DEFINITIONS

"The American Association of Birth Centers (AABC) (2016) defines a birth center as a home-like facility existing within a healthcare system with a program of care designed in the wellness model of pregnancy and birth. Birth centers are guided by principles of prevention, sensitivity, safety, appropriate medical intervention and cost effectiveness. Birth centers provide family-centered care for healthy women before, during, and after normal pregnancy, labor, and birth."

MODEL/ PHILOSOPHY OF CARE

- Aspects similar to other health care professionals:
 - Equity
 - Health promotion
 - Dignity
 - Informed/Shared-decision making
 - Active participation
 - Family involvement
 - Skillful communication
 - Individualized, evidence-based care

MODEL/ PHILOSOPHY OF CARE

"We honor the normalcy of women's lifecycle events. We believe in:

- Watchful waiting and non-intervention in normal processes
- Appropriate use of interventions and technology for current or potential health problems
- Consultation, collaboration and referral with other members of the health care team as needed to provide optimal health care"

ACNM (2019)

SERVICES

- Comprehensive prenatal care for healthy women with low-risk pregnancies
- Lab services
- Continuous labor support and monitoring to promote physiologic birth
- Referrals to higher levels of care, specialty providers, and for screening/diagnostic tests
- 24-hour availability
- Postpartum care for healthy women who've had uncomplicated labor/birth
- Immediate newborn care

HEALTH CARE PERSONNEL

Midwives

- Direct-entry: Licensed (LM), certified professional (CPM), certified (CM)
 - Varies state to state
 - One state in which it is illegal to practice...
 - Several states without regulation
- Nurse-midwife

Birth Assistants

- Nurses (LPN, RN)

STANDARDS

- Transport procedure
 - Audit
- Equipment
 - fetal monitoring
 - Oxygen
 - IV fluids
 - NRP
- Agreements
 - Laboratory
 - Perinatologist
 - Collaborative doc
 - EMS
- Scope
 - Ongoing risk assessment
 - 24/7 call
 - Evidence-based care guides
- Personnel
 - Malpractice
 - Training/development
 - Performance evaluation
 - Immunizations

LEVEL OF CARE

Table 1. Levels of Maternal Care: Definitions, Capabilities, and Health Care Providers*

Accredited Birth Center

Definition	Care for low-risk women with uncomplicated singleton term vertex pregnancies who are expected to have an uncomplicated birth
Capabilities and health care providers	• Refer to birthcenters.org for American Association of Birth Centers' Standards for Birth Centers.

- Anticipate normalcy
- Prepared to transport to higher level of care
- Early detection of warning signs
- Open communication with client and support persons

LEVEL OF CARE

Level I (Basic Care)

Definition

Care of low- to moderate-risk pregnancies with ability to detect, stabilize, and initiate management of unanticipated maternal–fetal or neonatal problems that occur during the antepartum, intrapartum, or postpartum period until the patient can be transferred to a facility at which specialty maternal care is available

Services:

- Perform emergency c-section
- Ultrasound and lab services always available
- Implement safety bundles
- Massive transfusion protocol

A UNIQUE MODEL

- Specific to the U.S.
- First studies published in 1980s
- Triple Aim
 - JAMA (2016) op-ed: Hospital-Affiliated Outpatient Birth Centers
 - "Strong integration", "immediate operative attention", "ideally adjacent", "staffed by experienced pediatric clinician"



THE DATA

- National Birth Center Study parts I-III (1992)
- The BirthPlace (San Diego Birth Center Study) (1998)
- Outcomes of Care in Birth Centers (2013)
- Maternal Outcomes in Birth Centers (2016)
- Cochrane Review (2016)
- Neonatal Outcomes in a Birth Center Setting (2018)

THE DATA

- Maternal Outcomes in Birth Centers (2016)
 - Integrative review of birth center studies In English since 1980
 - 23 quantitative (84,300 women) and 9 qualitative sources
 - "In the majority of studies, women who sought birth center care were more educated and from ethnic or racial groups associated with improved maternal outcomes in comparison with hospital cohorts. However, improved perinatal outcomes were found even in studies that included or targeted women from marginalized racial groups."

THE DATA

- Cochrane Review: Midwife-led continuity models (2016)
 - 15 trials, 17, 674 women
 - "This review suggests that women who received midwife-led continuity models of care were less likely to experience intervention and more likely to be satisfied with their care with at least comparable adverse outcomes for women or their infants than women who received other models of care."

BARRIERS TO COLLABORATION

- Integration with inpatient facility and clinicians
- Accreditation
- Credentialing
- Perception
- Scope of practice



Photo by The Midwife Group Women's Health and Birth Center

SAVANNAH'S BIRTH CENTER!

Est. 1987

The Midwife Group
Women's Health and
Birth Center

ABOUT US...

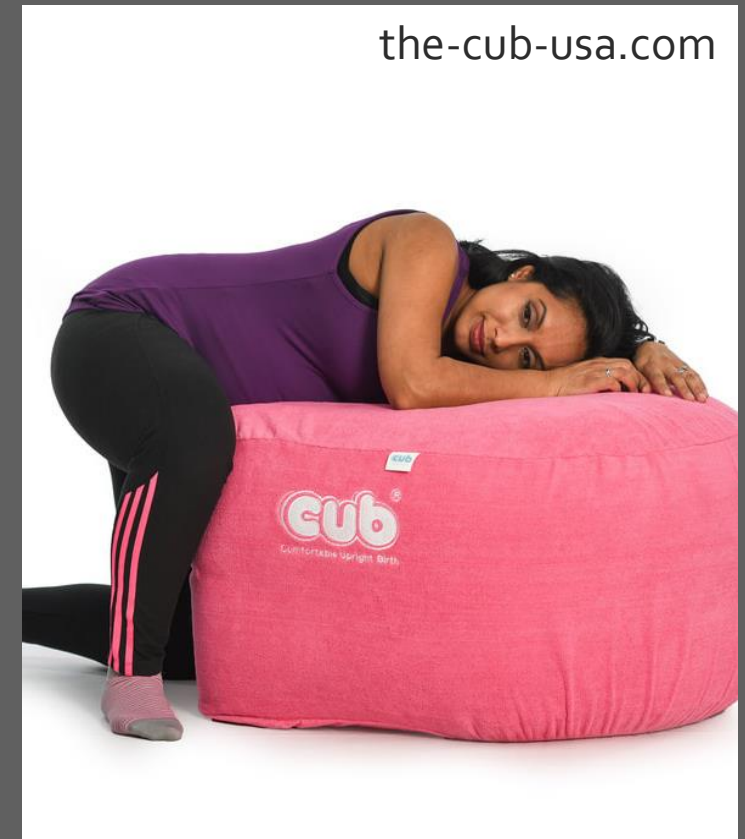
- Midwife founded, owned, and led
- Accredited by AABC
- Current staffing
 - 5 CNMs
 - 7 birth assistants
 - Practice representatives
 - Front office manager
 - Practice manager
 - Collaborative physicians
 - OB/GYN and pediatrician
 - Ultrasonographer
 - Psychologist

OUR CULTURE

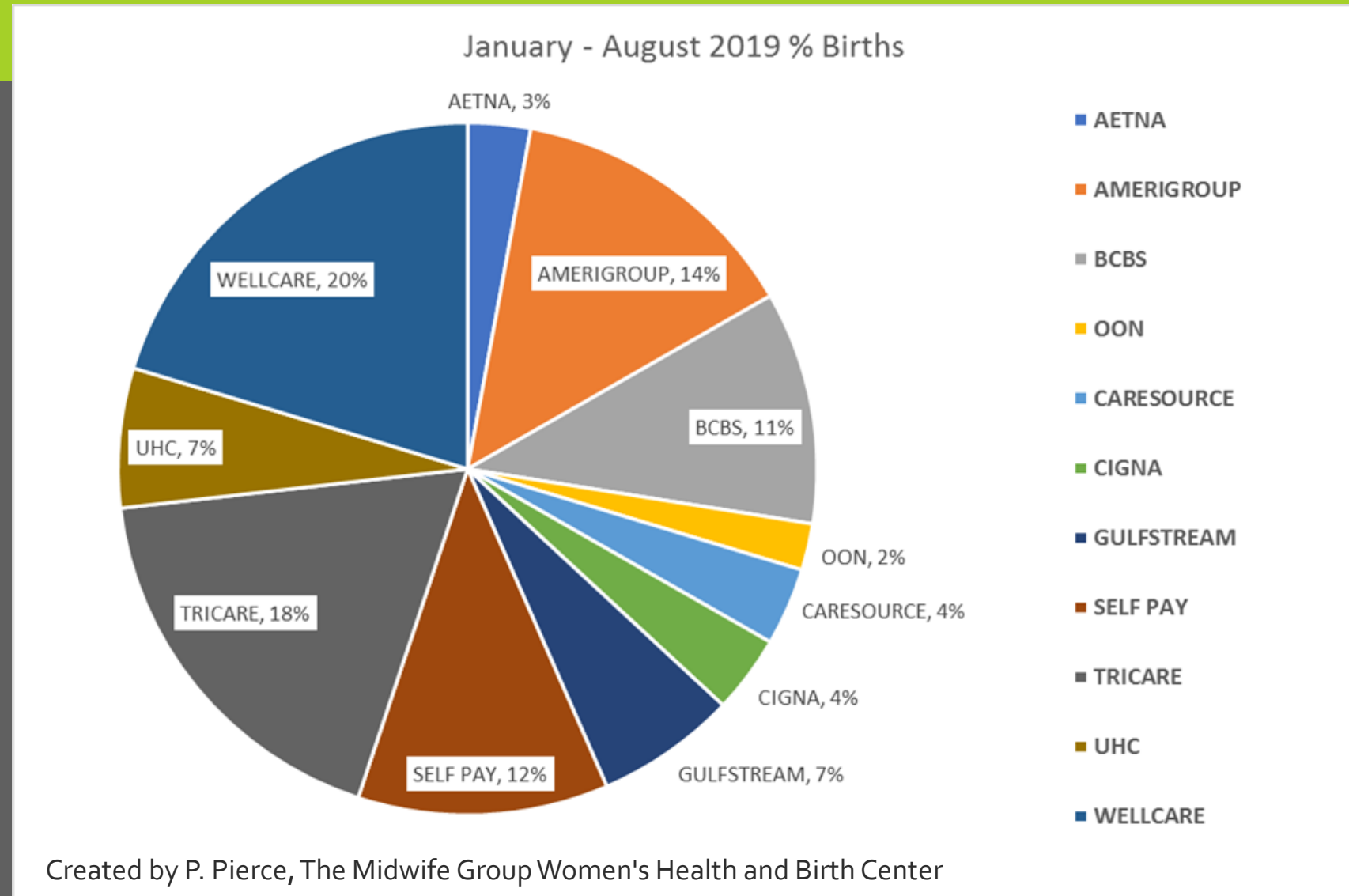
- Appointment times
- Meets each provider
- Orientation tours
- Prenatal education, consents, and birth plan
 - Group option
- Midwives "room"
- Mercantile

LABOR AND BIRTH

- Low intervention
 - Intermittent auscultation
 - Intravenous access as needed
- Alternatives
 - Waterbirth
 - C.U.B., Birth stool
 - Homeopathy
 - Nitrous oxide
- Environment
 - Queen-sized bed
 - Mini-fridge, microwave
 - Speakers, sound machines
 - Diffusers, lightsd text



INSURANCE



NUMBERS (2018)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	total
2018 actual	16	8	15	12	14	15	12	10	13	10	12	22	159
2019	16	19	17	12	18	7	18	18					200*

- Maternal transport rate- 10.67%
- Neonatal transport rate- 5.03%
- C-section rate- 4.49%

STRONG START BIRTH CENTERS

- Outcomes...at Strong Start Birth center sites between 2012 and 2014
 - 3136 beneficiaries, 2082 low-risk deliveries
 - 22% of the low risk women elected hospitalization (3x as likely to have c-sections)
 - More exclusive breastfeeding
 - Start: Non-Hispanic white (88%), black (72.2%), Hispanic (63.6%)
 - Finish: Non-Hispanic white (92.1%), black (91.3%), Hispanic (91.8%)

Jolles et al. (2016)

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