



MIDWIVES & COMMUNITY BIRTH

COMMUNITY BIRTH PARTNERSHIP INITIATIVE

Frequently Asked Questions About Transfer to the Hospital From a Community Birth

Whom do midwives care for? Midwifery care is appropriate for the majority of women and pregnant people. In the community setting, midwives care for essentially healthy (low-risk) pregnant people and newborns during the normal childbearing period.

How often does community birth transfer happen? On average, 11% of patients transfer from the community birth setting to the hospital.¹

How is risk evaluated, and when do midwives consider transfer of care? Both CNMs and LMs in California have comprehensive guidance outlining conditions that a midwife may encounter in practice for which discussion, consultation, or transfer of care is indicated. Safe midwifery care relies on expert risk assessment by the midwife to determine who may need a higher level of care and when. During prenatal, birth, postpartum, and well newborn care, risk assessment is ongoing.

Who decides when a patient should transfer? Risk assessment is a key part of midwifery training and practice. Midwives decide when a patient no longer fits within their low-risk scope of practice. Like all licensed healthcare providers, midwives are ethically obligated to educate their clients on everything happening during their prenatal, birth, and postpartum care and engage in shared decision-making with rigorous discussions of the risks and benefits of potential decisions. Additionally, midwives in California are required to have a written transfer plan, which is shared in advance with the client. This transfer plan includes conditions or situations that require transfer to a higher level of care, ensuring the client and family are educated ahead of time on the situations that may occur.

What are the most common reasons for transfer to the hospital during labor? The most common reasons are for pain relief and prolonged labor. Emergency transfers (by ambulance) occur only for about 2% of patients who intend to birth in their home or a freestanding birth center.²



1. Cheyney M, et al. Outcomes of Care for 16,924 Planned Home Births in the United States. *J Midwifery Womens Health*. 2014;59(1):17-27. 2. Bovjberg ML, et al. Planned Home Births in the United States Have Outcomes Comparable to Planned Birth Center Births for Low-Risk Birthing Individuals. *Med Care*. 2024;62(12):820-829.

Mission of the Community Birth Partnership Initiative (CBPI)

The mission of CMQCC's Community Birth Partnership Initiative (CBPI) is to improve health outcomes during pregnancy and birth by increasing the quality and whole-person safety of hospital transfer processes, when a transfer is needed for a community birth. The Initiative also seeks to enhance integration between perinatal care systems that have traditionally worked in isolation from each other in California. CBPI is supported by funding from Skyline Foundation.

The initiative aims to improve maternal and neonatal outcomes by:

- Improving relationships and sustained collaboration between community midwives, emergency medical services (EMS), and hospital birth providers;
- Enhancing whole-person safety through co-design of policies for hospital transfer by community midwives and hospital providers;
- Ensuring safe, coordinated, respectful transfer of care;
- Improving understanding of community birth and reducing stigma around home and birth center births;
- Improving patient experience of transfer;
- Partnering with community-based organizations to expand stakeholder understanding of community birth, find opportunities for joint initiatives that meet our collective goals around community birth, and engage patients in telling their stories about community birth; and
- Utilizing transfer data to improve whole-person safety and quality of care.