



# THE MIDWIFERY MODEL OF CARE & PHILOSOPHY

## COMMUNITY BIRTH PARTNERSHIP INITIATIVE

### What the Midwifery Model of Care Looks Like in Community Settings in California\*

- Comprehensive care management and attention to health-related social needs with necessary referrals (e.g., food assistance, housing, intimate partner violence, etc.)
- Trauma-informed care is standard
- Continuous risk assessment with early referral to physician care if medical needs arise; ability to consult with a physician is essential
- Collaboration with doulas and other professionals who can improve wellbeing and enhance care
- Personalized education for nutrition, exercise, lactation, urgent maternal warning signs, and childbirth
- Hour-long prenatal visits
- 24/7 access to a midwife whom the patient is well acquainted with
- Continuous presence during labor and birth
- 3-5 hour-long postpartum visits in the first 6 weeks (the time when most maternal mortality occurs)
- Dyadic care (patient and baby cared for together in postpartum period)
- One-on-one lactation support as needed and for as many visits as needed

\* Community midwifery = midwifery care in homes and freestanding birth centers

### Philosophy of Midwifery Care (as defined by the International Confederation of Midwives<sup>1</sup>)

The International Confederation of Midwives' philosophy of midwifery care affirms pregnancy and childbearing as typically normal, physiological experiences that are deeply meaningful to women and their communities. Midwives are ideal providers for low-risk people, offering holistic, continuous, and collaborative care that supports women's health, rights, and self-determination. This respectful, personalized care builds confidence in childbirth, grounded in ethical principles, individuals' backgrounds, and an understanding of women's comprehensive experiences. Competent midwifery is continuously informed by education, scientific research, and evidence.

<sup>1</sup>International Confederation of Midwives. Core Document: Philosophy and Model of Midwifery Care. <https://internationalmidwives.org/wp-content/uploads/eng-philosophy-and-model-of-midwifery-care.pdf>. Accessed 7/1/25.

### Collaboration Is Essential

Studies show that outcomes are better for low-risk, essentially healthy people receiving community-based midwifery care when midwives are part of an integrated healthcare system where they can practice to the top of their training, easily consult with physicians when medical issues arise, and efficiently transfer to physician care and/or higher levels of care as needed, as compared to patient and population outcomes when midwives are not fully integrated into the healthcare system. The Community Birth Partnership Initiative encourages collaboration across care settings and between different provider types (e.g., between physicians and midwives), promoting team-based care to improve outcomes for low-risk individuals giving birth in community settings.

### 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.