CMQCC
California Maternal
Quality Care Collaborative

COMMUNITY BIRTH PARTNERSHIP INITIATIVE

Initiative Mission & Goals

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, 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.

Midwives Are an Essential Part of Safe Maternal Care Systems

Robust studies in recent years show that excellent birth and infant outcomes result when midwives are a part of an integrated system of care committed to delivering whole-person safety.[1,2,3]

CNMs and LMs attend about 12% of births in California, or about 50,000 births per year.

There are 1,600 midwives in California. CNMs are licensed and regulated by the Board of Registered Nursing, and LMs are licensed and regulated by the Medical Board of California.

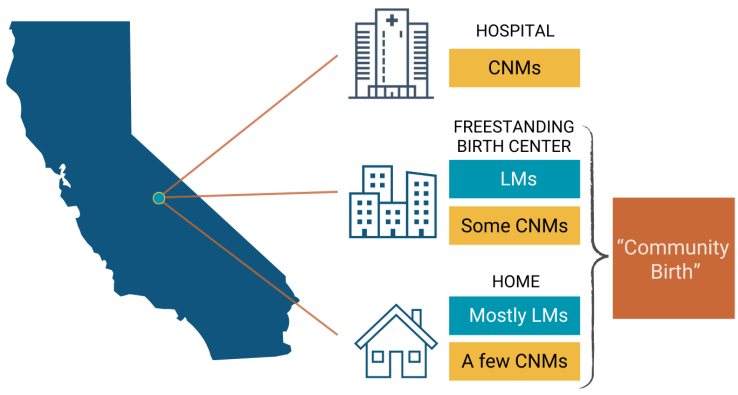
CNMs complete a nurse-midwifery education program housed in a school of nursing or health sciences, then take the certification exam administered by the American Midwifery Certification Board (AMCB).

LMs complete an accredited three-year midwifery education program approved by the Medical Board of California, then take the certification exam administered by the North American Registry of Midwives (NARM).

CNMs and LMs can take care of patients determined by the Board of Registered Nursing and the Medical Board of California to be low-risk, and are obligated to transfer higher-risk patients.

CNMs and LMs are Medi-Cal providers and in network with commercial insurers.

SITES OF MIDWIFE-ATTENDED BIRTHS IN CALIFORNIA



Certified Nurse-Midwives (CNMs) and Licensed Midwives (LMs) in California are independent maternity and reproductive health care providers who consult, collaborate, and transfer care when indicated

FAQs: 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.[4]

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.[5]

For additional questions, contact the CBPI project leads:

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Are you a physician who wants to talk to the CBPI physician lead?

- Contact perinatologist Melissa Rosenstein, MD, MAS | melissa.rosenstein@ucsf.edu

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