



Home Birth Summits 2014/15 Update

Dear HBS Delegates and Partners,

Last year, at Home Birth Summit III we convened in Seattle, Washington to share our progress towards Advancing Equity through Voice, Policy, Practice and Research. Over 90 leaders from a wide variety of backgrounds, including clinicians, ethicists, policy makers, insurers, community advocates, educators, researchers, and past, current and future consumers of maternity care, came together to work to improve maternity care in the United States. A third of the 2014 Summit delegates attended this national event for the first time. Today I am writing to let you know of the exciting progress we have made together since we met last September, and invite your input into our next steps.

The multi-disciplinary Task Forces formed after the first Home Birth Summit to address nine areas of priority action disseminated the results of their shared work since the first Summit in 2011. The agenda of Summit III centered on the following themes:

- Ethics of Home Birth & Informed Decision Making
- Voices of Women: Emerging Research on Equity, Access, & Experience
- Multi-disciplinary strategies to reduce Risk & Liability across Birth Settings
- Prioritizing Physiologic Birth
- Best Practices across Birth Settings: Collaboration, Communication, Regulation, & Education

Since the third summit several of the Task Forces have continued to meet regularly and, committing their own time, each member's perspective has contributed greatly to the advancement of their initiatives:

Best Practice Guidelines for Transfer

Following the dissemination of the highly endorsed **Best Practice Guidelines: Transfer from Planned Home Birth to Hospital** the Collaboration Task Force has continued its monthly teleconferences to work on implementation tools. They are producing a set of standardized forms, sample scripts, and best practice checklists that incorporate the evidence based recommendations and assist providers, hospital staff, and families to streamline and improve the experience and health outcomes within their own community contexts. To facilitate uptake and dissemination of these tools and guidelines at the institutional and regional level, members are presenting them widely at health professional meetings, hospital rounds, and regional perinatal quality coalition meetings. In the coming year, the group also hopes to link with change leaders at national agencies (Joint Commission, EMTALA, State Boards of Health, CDC, IOM) that may be able to accelerate uptake at a national level. To this end we are partnering with Smooth Transitions in Washington State to create a systematic and comprehensive implementation and dissemination package of materials that model best practice for collaborative practice.

Listening to Mothers IV

At Summit III the equity lens we applied brought into focus the importance of patient-generated data that is inclusive and relevant to marginalized communities. Since we met, delegates from the Research and Data and Consumer Engagement Task Forces have worked with communities of women who have not yet participated to design two new studies: **Listening to Mothers of Color** and **Listening to Home Birth Mothers**. Building on the

template of the national Listening to Mothers III survey, we will assess how planned place of birth, race and ethnicity interact with women's maternity care experience and preferences. After incorporating advice and suggestions from the HBS delegates, as well as validated items from previous related studies, a draft survey was translated into electronic format for ease of validating each item. Our community partners from Choices in Childbirth, International Center for Childbearing, Mamas of Color Rising and Oregon Inter-Tribal Breastfeeding Coalition helped us to recruit women from the target populations to evaluate the survey questions for relevance, clarity, and importance. Their comments and ratings will direct the final edits to the survey instrument. Plans are underway to launch pilots of these studies in fall/ winter 2015 across these four communities of childbearing women, possibly in collaboration with Maternity Neighborhood, a growth-stage digital health company working to enable collection of both clinical and woman-reported data to amplify the woman's voice in improvement efforts. Together we hope to demonstrate the value of woman-centered and community-integrated care models, and support efforts to expand access to these models as our healthcare system shifts toward value-based payment. In related work the Summit continues to support analysis of data on etiologies and strategies for addressing disparities in access to care, health professional education, and maternal-fetal outcomes among African-American families, as reported by black midwives through the **African American Midwife Study**.

US Birth Place Mapping Study

As recommended by the experts at the US Birth Place Study planning meeting during Home Birth Summit III, the *Research and Data* and *Regulation and Licensure Task Forces* have launched a **US Birth Place Mapping Study**. At Summit III we were introduced to a comprehensive **Maternity Providers Regulation and Licensure Database** that captures current state-by-state regulatory conditions that may affect access to providers and/or integration of high quality services across birth settings. Since we met, Task Force members and a research assistant have retrieved missing data and information from state-specific rules and statutes; verified the region specific implications of statutes and rule through a survey of legislative and practice experts in all 50 states; created a numeric scoring system to track best practices; and identified the key outcomes of interest that are reliably captured by US Vital Records in all states, and can be linked to scores for access to and integration of maternity providers across settings. Next, our multidisciplinary study team (including clinicians, consumers, and legal experts*) will analyze linked data from 3 sources (the Regulation and Licensure Database, the CDC databank on actual place of birth and perinatal outcomes, and the US Birth Certificate Comparison database). We plan to produce a **Maternity Provider Integration and Access Report Card**, an easily understood graphic representation of the data, using a color-coded US map. This study provides an unprecedented opportunity to help policy makers understand if the rising rates of reported home births are linked to greater access to licensed midwives, and if the status of integration of those midwives and physicians who attend planned home births can be associated with markers of maternal-newborn health.

The Birth Place Toolkit

This year the *Interprofessional Education Task Force* has partnered with university leaders and health professional students to begin the development of a set of online interactive flexible learning modules, **The Birth Place Toolkit: Collaborative Leadership and Shared Decision Making Across the Health Professions**. The 3-year plan for curriculum development includes a wide environmental scan for open access, effective and pragmatic teaching materials; creation of best practice video clips and interactive exercises; beta and pilot testing by medical, nursing, public health, genetic counseling, and midwifery students and faculty; and adaptation for continuing professional development and credentialing courses. All learners will be introduced to the topics through an introductory module on Place of Birth where they will acquire sufficient core content on place of birth to be able to inform patients and engage in informed choice discussions for site selection and participate in interprofessional care planning. Upon completion of activities in this module students will be able to describe: known reasons for patient choice of birth place; evidence on safety, outcomes, experience; the framework for

optimal care (equipment, personnel, site selection,; consultation,; referral); and scope and regulation of providers who offer care in different settings.

Participants will then select from two modules: **Team Functioning** will familiarize them with provider roles and scopes of practice across settings, and a **Communication** module will help students practice active listening, respectful dialogue, and clear documentation of agreed upon respective roles. Interactive components will center around the key interaction that often lead to disarticulation: e.g. when variations from normal uncomplicated birth leads to transfer from planned home to hospital and different types of providers must engage in shared decision making and team planning for care. Concerns re: differences in philosophy of practice, prioritizing, ethics, liability, responsibility and regulation will be covered. The next level of learning modules will explore **Conflict Resolution** and **Collaborative Leadership**. Students will build on the skills learned in Modules 1 and 2, witnessing and engaging in advanced negotiation, problem solving, defusing and debriefing simulations.

Measuring Respect and Autonomy in Maternity Care

The development in the past year of the Mothers Autonomy in Decision-Making (MADM) scale and the Mother on Respect index (MORi) will assist the *Consumer Engagement* and *Ethics and Autonomy Task Forces* to collaborate with the *Physiologic Birth Task Force* as we improve patient experience through decision aids, and evaluation of maternity experiences. Discussions are underway to implement these instruments in collaboration with Maternity Neighborhood, which will enable measurement across all birth settings including health systems at the leading edge of quality improvement and patient-engagement. The Maternity Neighborhood platform can also deliver decision aids and enables the entire process of shared decision making to be documented in a portable health record that is accessible by the woman at any time.

Risk Management across Birth Settings

The *Liability Task Force* has finalized their course “**Risk Management for Adverse Outcomes in the Home Birth Setting**” and are working to disseminate the offering and develop an online forum for queries and information.

The Home Birth Summit activities continue to be supported through the Vedam Birth Place Lab led by Saraswathi Vedam, at the Division of Midwifery in the University of British Columbia’s Department of Family Practice and coordinated by Lynsey Hamilton, Birth Place Project Lead. We have recently published video clips from the Best Practice Models panel at Summit III on YouTube. You can see and distribute them widely here:

<https://youtu.be/b96YVE6lrkU>

Next Steps:

You all have been actively engaged in realizing this shared vision since 2011 and we invite your feedback, comments, and recommendations. As we continue to work on these and other initiatives, and seek funding to support the Summit activities and we need your continued engagement towards transforming maternity care in the US. Finally, in the coming year we will be making plans for Summit IV and welcome your agenda items. If you wish to join, contribute, or comment on any of these projects please email lynsey.hamilton@midwifery.ubc.ca

Sincerely,

On behalf of the Home Birth Summit Steering Council



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