



Recommendations for Implementing a Program in Your State to Improve Hospital Transfers from Community-Based Births

2020

The following recommendations from the Smooth Transitions™ Quality Improvement Program are for guidance only, based on what has worked in Washington state. Understand that each state has its own unique situation regarding midwifery education, regulation, and association and therefore some of these recommendations may not apply. This is also not an exhaustive list—there may be other steps that need to occur in your state to establish a QI program related to hospital transfers from community births.

Here is some **general guidance** for making your program successful:

1. Address the issue from a systems perspective, focusing on access to appropriate care and development of clear transfer protocols.
2. Recognize that there is work to be done on both sides of this relationship—hospital providers and community-based midwives have a shared responsibility for ensuring that patients get the best possible care when a transfer occurs.
3. Create the program at the state level, involving all the stakeholder groups/organizations and include all hospitals with obstetric services. Representation from your state’s hospital association and the Department of Health is key.
4. Use the Home Birth Summit Best Practice Transfer Guidelines as a foundational tool. www.homebirthsummit.org/best-practice-transfer-guidelines.
5. Develop an evidence-based midwifery guideline for consultation, referral, and transfer of care. www.washingtonmidwives.org/documents/MAWS-indications-2016.pdf.
6. Build trust and experience before tackling more challenging clinical situations like VBAC, twins, and breeches.
7. Share successful models with hospitals where transfers are more problematic.
8. Find a way to collect data, both qualitative and quantitative, about hospital transfer outcomes and patient experiences. Data will give a clear picture of what’s happening and will help identify areas for improvement.

9. Establish a mechanism for protected case review that allows community midwives to engage with hospital-based providers in a non-discoverable, educative (not punitive) process for review of difficult encounters and/or adverse outcomes.

Specific Recommendations:

1. Survey the midwifery community in the state, including the midwifery association(s), to gauge the level of support/buy-in for the program.
2. Make presentations to the midwifery regulatory body (Midwifery Board or Council, DOH) and to your state's perinatal collaborative, if there is one. With multi-stakeholder input, determine where the program should reside. In some states, this will be at the Department of Health. In Washington state, the Smooth Transitions™ QI Program is housed at the Foundation for Health Care Quality www.qualityhealth.org, a 501(c)3 organization dedicated to providing a trusted, independent, third-party resource to all participants in the health care community—including patients, providers, payers, employers, government agencies, and public health professionals.
3. Gather personnel for a workgroup (obstetricians, DOH representative, hospital association representative, CNM, pediatrician, EMS representative, midwifery association representative, several midwives, consumer, etc.) and meet regularly. Choose leadership.
4. Hire a program coordinator and identify presenters, ideally OB and midwife teams.
5. Create a mission and goals statement and gather resources (indications document www.washingtonmidwives.org/documents/MAWS-indications-2016.pdf, best practice guidelines www.homebirthsummit.org/best-practice-transfer-guidelines, templates of protocols, transfer forms, etc.).
6. Make presentations to hospitals and organizations, filling in knowledge gaps about who midwives are and what they do. Encourage participation in the QI program (see Smooth Transitions™ PowerPoint presentation)
7. Implement data collection; publish findings
8. Establish a mechanism for protected case review (www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/CoordinatedQualityImprovement)
9. Keep program moving forward and track where each hospital is in the process of implementation. Encourage hospitals to identify their own areas for improvement.
10. Create additional opportunities for shared learning, such as emergency skills trainings, and for relationship-building (informal lunches or dinners, guest speakers, etc).