Best Practice Guidelines for Interprofessional Collaboration: Community Midwives and Specialist Providers

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Background and Context

Collaborative care throughout the antepartum, intrapartum*, and postpartum periods is crucial to safety in all birth settings, including hospital, birth center, and home. Collaboration improves health outcomes, as well as quality and experience of care (1,2,3,4). Collaboration between health providers also meets the diverse needs and preferences of families (5).

Optimal care during the childbearing year depends upon both effective interprofessional collaboration and systems-level support for community based providers (1,4,6). Obstetricians, family physicians, nurse-practitioners, and midwives provide care consistent with their education, expertise, and scope of practice. When they work together they can establish systems to enhance effective communication, role clarity, access to services, and coordination of care across settings. (1). Best Practice Guidelines for Transfer from Planned Home Birth to Hospital as well as Implementation Tools are available and delineate consultation, collaboration, and referral during the intrapartum period. However, most available evidence based guidelines do not specifically delineate the nature of collaboration and coordination of care between community based midwives and physicians during the antepartum, postpartum, and newborn phases. Hence, this document, prepared by the multi-disciplinary Home Birth Summit Collaboration Task Force, describes best practices for promoting interprofessional collaboration across community-based and institutional settings for care throughout the childbearing year.

Ethics

Ethical practice honors each person's fundamental rights to access appropriate health education, care and consultation. Ethics statements, as established by all health professions, provide guidance for professional conduct and decision making. Ethical treatment respects a person's autonomy to make informed decisions for themselves and their family, without judgement and in consideration of their belief system and values, including the right to accept or decline treatment options without coercion, threat or fear of abandonment.

In a best practice model, the client/patient, midwife, physician, and family participate in a shared decision making process, and each provider acts in accordance with ethical standards for all health professions. Coordination of care between healthcare professionals will reflect fairness, honesty, and integrity, and demonstrate mutual respect and concern for the patient/ client (7).

Equity and Access

The first step toward achieving health equity in childbirth is to ensure that all patients/ clients have access to timely and appropriate care at all stages throughout their pregnancy, birth, and postpartum period (8). Equity is the quality of being fair, just and impartial without discrimination in regards to race, ethnicity, cultural background, national origin or immigration status, religion, language, sexual orientation or gender expression, health insurance, socio-economic status or difference of belief system or opinion. Putting a focus on reducing barriers to access to care sets an example of health equity that benefits all childbearing families.

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For families planning childbirth in a community setting, access to collaboration, consultation and transfer of care is essential to quality, safety, and improved outcomes (4,5). Strengthening collaborative referral networks also addresses rural maternity care workforce shortages, and improves maternal and newborn health disparities common in rural communities throughout the United States (9,10). Emerging

evidence suggests that disparities in health outcomes within communities of color can also be improved through intensive, culturally-competent care in homes, and population-specific community clinics and birth centers (11).

PROVIDER ROLES AND RELATIONSHIPS

Primary Provider in the Childbearing Year

In North America, the primary provider during the childbearing year may be a midwife, family physician, nurse-practitioner, or obstetrician/gynecologist. Primary providers offer preventive and routine care, including assessment, health promotion and education. If the care needs of the patient/ client extend beyond the area of expertise of the primary provider, they will refer and coordinate care with other specialty providers. Midwives, when they are the primary providers, need to interact with specialists as needs of the client/patient evolve through the childbearing year.

Professional Dialogue (Discussion)

Professional dialogue refers to an informal conversation between providers, a sharing of opinions and knowledge about management of a specific condition or clinical scenario. Generally this pertains to a clinical question without referencing a particular client/ patient. The primary provider may seek input from a professional peer or from a specialist. The colleague providing input has not examined or talked with the patient/ client or reviewed any medical record. This conversation is not formally documented by either provider. Professional dialogue does not constitute a formal consultation or establish a patient-consultant relationship (6).

Antepartum, Postpartum, and Newborn Consultation

With the agreement of the patient/client, the midwife, as a primary provider, initiates a consultation upon assessment and identification of need for evaluation by another health care professional. Relevant history, reason for consultation, and medical records accompany the request for consultation. The client/ patient has a face-to-face appointment with the specialty provider, although it is also possible to have technology-assisted remote consultation. The consultant may provide a diagnostic evaluation, information, recommendations, therapeutic interventions, or other services. The consultant sends a written summary of their assessment and any recommendations to the midwife. Typically, the outcome of a consultation will be that the patient/ client remains in the care of the midwife.

Collaboration

Collaboration has been defined as “a process involving mutually beneficial active participation between autonomous individuals whose relationships are governed by negotiated shared norms and visions.” Collaborative care is a cooperative, transdisciplinary approach to care when medically indicated or requested by the patient/client. In this model, a midwife and physician coordinate their care for a client/patient or newborn according to their respective scope of practice and skills (3). Clear and effective communication between the providers about their respective roles and the care plan is essential and

clearly documented in the medical record. One health professional takes primary responsibility for ongoing coordination of the collaborative care. The plan occurs in the context of a shared decision making process that includes the patient/client, midwife, and physician.

Transfer of Care

Transfer of care can happen at any time during the prenatally, intrapartum*, postpartum, or newborn phase. The transfer is typically initiated by the midwife, after a shared decision making process with the

client/patient that addresses the reason(s) for transfer. A transfer can also be at the request of the patient/client. When care is transferred from a community midwife to a hospital affiliated provider, the referring midwife remains responsible for the patient/client's care, within their own scope of practice, until the receiving provider has seen the patient/client and agreed to assume responsibility for care. If requested by the patient/ client and to facilitate continuity, a referring midwife may participate in communication about the new care plan and continue in a supportive role (12, 13). Care may be transferred back to the referring midwife, when clinically appropriate. In this situation, the physician remains responsible until the return transfer of care to the midwife has been confirmed by all parties.

Vicarious Liability

Midwives' scope of practice and professional responsibility includes consultation, collaboration, and referral to specialist providers, as necessary, to assure quality and safety. In some jurisdictions there are regulatory guidelines for when to initiate consultation; but, physicians do not have supervisory relationship with community midwives**.** Hence, individual health care providers working within their own scopes of practice are accountable for their own provision of care, and vicarious liability does not apply.

"Vicarious liability refers to the liability of a supervisory party (principal) for the actionable conduct of a subordinate or associate (agent) based on the relationship of the party. Health care providers, including physicians, working in team-based care settings may not always be found to have the requisite principal-agent relationship with other health care team members to be vicariously liable for their actions. In determining legal imputation of vicarious liability, courts will consider the facts of each case, and factors such as statutory and regulatory language in the specific jurisdiction; creation of an agency or employment relationship; and contractual language in the employment, supervisory, or consultative agreement". (3)

Best Practices for the Community Midwife

- Assesses the status of the patient/ client, fetus, or newborn and uses clinical judgment to determine whether discussion, consultation, collaboration, or transfer is indicated.
- Engages with the client/ patient in a process of person-centered decision-making about the assessment and recommendation that consultation, collaboration, or transfer of care is warranted.
- Communicates with the consulting provider, gives a concise verbal and/or written summary of the clinical situation, and provides an assessment of specific care needed, including the degree of urgency.
- Provides contact information and patient/ client records to the office of the consulting provider along with the patient/ client's HIPAA release.
- Documents the consultation, collaboration and transfer in the patient/ client's record.
- Works with the consulting provider and patient/ client to develop a new care plan, including

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clarifying the continuing role of the midwife.

- Follows up with the client/ patient on any recommendations from the consulting providers and continues to assess status and whether a different level of care is appropriate.
- Provides a summary of the clinical outcome to the consulting provider.
- Maintains confidentiality in communications and when discussing the case with other providers in compliance with relevant HIPAA regulations.

Best Practices for the Collaborating Provider

- Responds to the request for consultation in a timely manner.
- Receives clinical report, verbal or written, from the midwife and reviews the medical record.
- Agrees to make timely appointment with the client/ patient in the office or at the hospital, as appropriate to assess the clinical situation.
- Recommends, orders or performs any necessary diagnostic testing or therapeutic intervention, with client/ patient consent.
- Provides access for the referring midwife to lab, test, and ultrasound results if not available through the midwife's practice.
- Discusses any test results, their assessment, and care recommendations with the patient/ client.
- Respects patient/ client's autonomy and decision making related to recommendations.
- Respects the relationship between the client/ patient and the midwife as the referring provider.
- Sends a written summary of their assessment and recommendations to the primary provider.
- Maintains confidentiality in communications and when discussing the case with other providers in compliance with relevant HIPAA regulations.

Best Practices for Health Systems

When the organization of care ensures integration of midwives across the health system there are demonstrable improvements in maternal, fetal, and newborn health, quality, and safety. (5,14,15,16,17,18,19). Actionable guidelines and policies for collaboration that are developed by health systems lay a foundation for promoting mutual trust between providers. They also facilitate the patient/ client's acceptance of medical services when consultation, collaboration, or transfer is necessary. The National Academy of Sciences, Engineering and Medicine has delineated best practices to improve coordination of services and access to high quality pregnancy and childbirth care across birth settings.(19)

Person-centered, well-integrated health systems

1. Facilitate licensure, regulatory, and institutional credentialing frameworks that support integration of midwives across community and institutional settings.
2. Promote and establish systems that support communication, consultation, collaboration, and referral relationships between community midwives and other providers throughout the antepartum, intrapartum, postpartum, and newborn periods of care.
3. Facilitate access to procedures and assessments such as ultrasound, lab work, genetic screening or postdates surveillance, and ensure prompt reporting of results to midwife.
4. Support presence of midwife during ambulatory encounters if requested by patient/ client.
5. Offer clients/ patients planning a community-based birth the opportunity to participate in prenatal/postpartum educational services offered by the system.

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6. Ensure access for all providers to participate in interdisciplinary protected case review, and remove restrictions to consultation or collaboration due to concerns about vicarious liability.
7. Provide opportunities for interprofessional emergency skills training and education that includes midwives, nurses, physicians, and EMS.
8. Engage community-based midwives and clients/ patients in quality assurance and improvement initiatives, including development, implementation and evaluation.
9. Mandate equitable reimbursement for maternal and newborn services by Medicaid and private insurance companies for all providers, in all settings, including home and birth center.
10. Recognize that all primary providers, including midwives, function within their own regulatory frameworks and scopes of practice and do not require or benefit from supervision by another professional.

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