



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

2024

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 scope of practice, and therefore, some of these recommendations may not apply. If there is no licensed midwifery option in the state, that needs to be addressed alongside this work. Please note, this is also not an exhaustive list—there may be other steps that need to occur in your state to establish a quality improvement program related to hospital transfers from planned community births.

General Guidance:

1. Address the issue from a systems perspective, focusing on access to appropriate care and respecting patients' autonomy to choose birth in the community setting.
2. Recognize that there is work to be done on both sides of this relationship—hospital providers, community-based midwives, and EMS personnel 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, the Department of Health (DOH), and the Perinatal Quality Collaborative (PQC) is key.
4. Use the [Home Birth Summit Best Practice Transfer Guidelines](#) and [The Birth Place Lab Best Practice Guidelines for Interprofessional Collaboration: Community Midwives and Specialist Providers](#) as foundational tools.
5. Develop an evidence-based midwifery guideline for consultation, referral, and transfer of care. See the example from the Midwives Association of Washington State (MAWS) at washingtonmidwives.org/clinical-guidelines.html
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 experiences. Data will give a clear picture of the transfer process, provider-to-provider interaction and communication, the patient perspective, and 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. In Washington, the mechanism for protected case review is through the DOH.
www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/CoordinatedQualityImprovement

Specific Recommendations:

1. Survey the midwifery community in the state, including the midwifery association(s), to gauge the level of support and buy-in for the program.
2. Make presentations to the midwifery regulatory body (Midwifery Board or Council, DOH, etc.) and to your state's perinatal collaborative, if there is one. With multi-stakeholder input, determine where the program should reside. In Washington state, Smooth Transitions is housed at the [Foundation for Health Care Quality](#), a neutral 501(c)3 organization dedicated to providing a trusted, independent, third-party resource to all participants in the health care community.
3. Fundraise and apply for grants.
4. Gather personnel for a workgroup or leadership team (including but not limited to: obstetricians, DOH representative, hospital association representative, CNMs, pediatricians, EMS representative, nursing, midwifery association representative, several community midwives, consumer, etc.) and meet regularly. Choose a leadership structure and fill those roles.
5. Identify and ideally hire a program coordinator and identify presenters for outreach, ideally physician and midwife teams.
6. Create a mission statement and goals. Gather relevant resources (indications document, best practice guidelines templates of protocols, transfer forms, etc.).
7. Build a website with program information.
8. Make presentations to hospitals, filling in knowledge gaps about who community midwives are and what they do, review statistics/research, discuss the program, and encourage participation in the QI program.
9. Build and implement data collection; perform data analysis and publish findings.
10. Regularly audit the participating hospitals, community midwives, and EMS personnel to inform program efficacy and direction.
11. Begin protected case reviews with community midwives, hospital providers, and EMS personnel, sharing recommendations for best practices and QI to relevant stakeholders.
12. Keep the program moving forward and track where each hospital is in the process of implementation. Encourage hospitals to identify their own areas for improvement.
13. Create additional opportunities for shared learning, such as emergency skills training, and for relationship-building (informal lunches or dinners, guest speakers).