



Building Bridges: The Utah Out-of-Hospital Birth Collaborative

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Objectives:

- Introduce UWNQC and the work of the out-of-hospital birth subcommittee
- Review available resources and tools
- Discuss lessons learned
- Orient you to opportunities for collaboration



The Blind Men and the Elephant

John Godfrey Saxe (1816-1887)

It was six men of Indostan
To learning much inclined,
Who went to see the Elephant
(Though all of them were blind),
That each by observation
Might satisfy his mind.





The Blind Men and the Elephant

The First approached the Elephant,
And happening to fall
Against his broad and sturdy side,
At once began to bawl:
"God bless me! but the Elephant
Is very like a WALL!"





The Blind Men and the Elephant

The Second, feeling of the tusk,
Cried, "Ho, what have we here,
So very round and smooth and sharp?
To me 'tis mighty clear
This wonder of an Elephant
Is very like a SPEAR!"



The Blind Men and the Elephant

The Third approached the animal,
And happening to take
The squirming trunk within his hands,
Thus boldly up and spake:
"I see," quoth he, "the Elephant
Is very like a SNAKE!"





The Blind Men and the Elephant

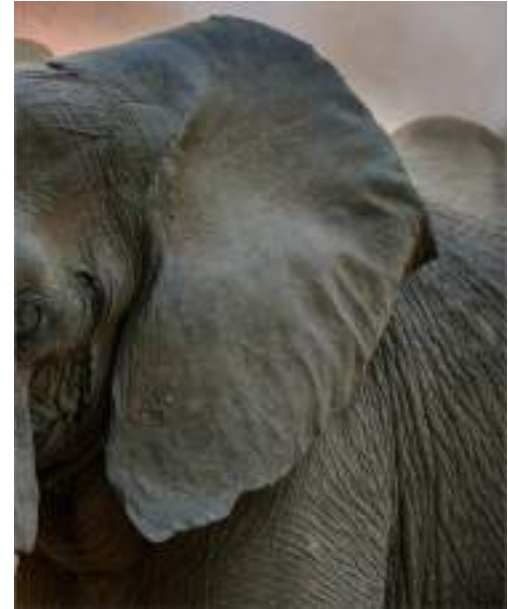
The Fourth reached out an eager hand,
And felt about the knee
"What most this wondrous beast is like
Is mighty plain," quoth he:
"Tis clear enough the Elephant
Is very like a TREE!"





The Blind Men and the Elephant

The Fifth, who chanced to touch the ear,
Said: "E'en the blindest man
Can tell what this resembles most;
Deny the fact who can,
This marvel of an Elephant
Is very like a FAN!"





The Blind Men and the Elephant

The Sixth no sooner had begun
About the beast to grope,
Than seizing on the swinging tail
That fell within his scope,
"I see," quoth he, "the Elephant
Is very like a ROPE!"



The Blind Men and the Elephant

And so these men of Indostan
Disputed loud and long,
Each in his own opinion
Exceeding stiff and strong,
**Though each was partly in the right,
And all were in the wrong!**





Our “Truths”

- Home birth is dangerous
- Home birth is beautiful
- People who choose home birth are ignorant
- People who choose home birth want physiologic birth



In order to have the conversation, we must acknowledge two additional truths:

- Women are going to continue to choose to deliver in their homes and birth centers
- Women are going to occasionally need to transfer to a hospital for management of complications/concerns



The Utah Women and Newborns Quality Collaborative Out-of-Hospital Birth Committee

Conceived as a way to **build the bridges** necessary to:

- Acknowledge these ‘whole’ truths
- Make birth as safe as possible for mothers and babies, regardless of planned birth location



What is UWNQC? (pronounced “you wink”)

- **Utah Women and Newborns Quality Collaborative** is a statewide, multi-stakeholder network dedicated to improving perinatal health in the state.
- Sponsored by the Utah Department of Health.
- Everyone who contributes to, or has an interest in, maternal and newborn care is welcome to participate:
 - Obstetricians & maternal-fetal medicine specialists
 - Midwives of all kinds (nurse-midwife and direct-entry)
 - Neonatologists and pediatricians
 - Nurses of every variety (OB, neo, peds)
 - Health administrators
 - EMS personnel
 - Public health & data personnel
 - Consumers
 - Organizations (e.g. March of Dimes)
 - Doulas



What does UWNQC do?

- **UWNQC has several projects, each worked on by a subcommittee:**
 - Maternal: Preterm Birth
 - Neonatal: Neonatal Abstinence Syndrome
 - Maternal Mental Health
 - Safety Bundles (e.g., hemorrhage, hypertension)
 - Out-of-Hospital Birth





Out-of-Hospital Birth Subcommittee

- **Build bridges:** Talk to each other and share our worlds
- **Improve processes:** Eye towards quality and safety
- **Define and encourage best practices:** For everyone with 'skin in the game'





Build Bridges and Share Worlds

- **Educate:** Statistics, history and legal environment, midwife training and scope of practice
- **Combat misconceptions:** E.g., condoning home birth if working to make transfers safer
- **Put the right people around the table:** Multi-disciplinary team with equitable representation
- **Dog and pony show:** Share information with as many groups and individuals as possible



Planned Out-of-Hospital Births in Utah, 2013-2015: A Descriptive Review

Utah Women and Newborns Quality Collaborative (UWNQC),

Out-of-Hospital Birth Subcommittee

May 2018

Executive Summary

Key Findings

- More than three percent of the births in Utah are planned to occur in an out-of-hospital setting (home or birth center). The planned out-of-hospital birth rate in Utah is among the top five in the nation.



Utah Data: Quick Pearls

- **More than 3%** of the births are planned to occur out-of-hospital (home or birth center)
 - Consistently among the top five states in the nation
- **Approximately 7%** of planned out-of-hospital birth attempts result transfer to hospital
- **Majority** of women transferred to the hospital had a successful vaginal delivery (62%)
- Some women choosing to deliver out-of-hospital have **notable obstetric risk factors**
 - Multiple gestation, malpresentation, history of prior cesarean section
- **Neonatal mortality rates** in Utah are higher for planned out-of-hospital births, although small numbers require caution in interpreting these statistics



A Brief Legal Tutorial of Midwifery and OOH Birth in Utah

- When Utah began to license nurse-midwives (1960s?), the legislature took steps to protect both out-of-hospital birth and direct-entry midwifery in statute:
 - **58-44a-601. Parents delivering their children.**
This chapter does not abridge, limit, or change in any way the right of parents to deliver their baby where, when, how, and with whom they choose, regardless of licensure under this chapter.
- It is legal to practice direct-entry midwifery whether licensed or unlicensed (58-77-501(2)(a)).
 - This is unlike the licensure for every other health profession in Utah (and every other state).

Educational Information





Improve Processes

- **Transfer Toolkit**
 - *Transfer Guideline* for each hospital

University of Utah Health Care | Planned Out of Hospital Births Referral Guidelines

	Antepartum		Intrapartum		Postpartum (Maternal)		Newborn	
	Non-Urgent*	Urgent**	Non-Urgent*	Urgent**	Non-Urgent*	Urgent**	Non-urgent*	Urgent**
General Information								
Who is the contact at the hospital for general issues regarding OOH transfers?	Dr. Erin Clark, Office: 801-581-8425		Dr. Erin Clark, Office: 801-581-8425		Dr. Erin Clark, Office: 801-581-8425		Dr. Julie Shakib, Office: 801-581-2261	
Transfer Process								
Will the hospital accept transfer of these patients from OOH providers?	YES	YES	YES	YES	YES	YES	YES Will accept referrals for primary care.	YES Urgent newborn transfers are generally routed to Primary Children's Hospital via EMS.
What telephone number should the OOH provider call?	University of Utah Transfer Center: 801-587-8980	University of Utah Transfer Center: 801-587-8980	University of Utah Transfer Center: 801-587-8980	University of Utah Transfer Center: 801-587-8980	University of Utah Transfer Center: 801-587-8980	University of Utah Transfer Center: 801-587-8980	Clinic 6 Pediatrics: 801-581-2265	Call 911. EMS will then transport the newborn to the most appropriate facility.
To whom should the OOH provider ask to speak?	MFM Physician On-Call	MFM Physician On-Call	MFM Physician On-Call	MFM Physician On-Call	MFM Physician On-Call	MFM Physician On-Call	Speak with the Clinic 6 scheduling staff to schedule an outpatient appointment.	Call 911
Other information or instructions	The University of Utah endorses the "Utah Best Practice Guidelines: Transfer to Hospital from Planned Out-of-Hospital Birth" and complies with all best practice recommendations therein. We respect the right of women to choose their birth setting. We seek to facilitate safe hospital transfer for mothers and their newborns by promoting interprofessional collaboration and communication.							
In addition to the UWNQC transfer forms and the relevant medical records, is there anything else the OOH provider should routinely provide?	NO	NO	NO	NO	NO	NO	NO	NO
To which department should the patient go?	As instructed by MFM physician.	As instructed by MFM physician.	As instructed by MFM physician.	As instructed by MFM physician.	As instructed by MFM physician.	As instructed by MFM physician.	University of Utah Hospital Clinic 6 Pediatrics	EMS will determine.
In addition to the OOH provider, how many people may accompany the patient?	Labor and Delivery and Postpartum Units allow 6 visitors, not including the midwife or doula. University of Utah considers the transferring midwife to be an important part of the woman's support team.						N/A	2
Anything else?	University of Utah is developing a specific policy regarding well newborns that accompany admitted mothers. Please refer to this policy for details, when available.							
Post-Transfer Communication								
How will the hospital provider report back to the OOH provider on the patient's hospital course?	We will use the UWNQC Maternal Transfer Form to find up-to-date and accurate contact information for the transferring midwife. Updates will be given by phone during the hospital admission. The hospital provider will coordinate follow-up care prior to discharge. For all maternal admissions, relevant medical records including admission history and physical, delivery note (if appropriate), and discharge summary will be sent to the referring midwife in a timely fashion.						Follow-up care will be coordinated prior to discharge. For all admitted infants, a discharge summary will be sent to the midwife identified on the UWNQC Neonatal Transfer Form.	

*Non-urgent is defined as a condition where the patient needs medical attention, but the situation is not life-threatening, and a delay of up to hours is not likely to significantly affect the outcome.

**Urgent is defined as a condition where the patient needs immediate medical attention to prevent serious injury or death.

Hospital Specific Transfer Guidelines

Don't see your local hospital below? Work with the hospital to create a transfer guideline: [Transfer Guideline Template](#)

Alta View Hospital (Sandy)
Cedar City
Davis Hospital and Medical Center (Layton)
Dixie Regional Medical Center (St. George)
Garfield Memorial Hospital (Panguitch)
Heber Valley Hospital
Intermountain Medical Center (Murray)
Jordan Valley Medical Center (West Jordan)
LDS Hospital (Salt Lake City)
Logan Regional Hospital
Lone Peak Hospital (Draper)
McKayDee Hospital (Ogden)
Park City Hospital
Riverton Hospital
St. Mark's Hospital (Salt Lake City)
Timpanogos Regional Hospital (Orem)
University of Utah Health (Salt Lake City)



Improve Processes

- **Transfer Toolkit**

- *Transfer Guideline* for each hospital
- *Transfer Forms*, maternal and neonatal



Transfer Forms

- Developed to facilitate provider-to-provider communication at transfer
 - SBAR format
- Contains pertinent information about patient condition and pregnancy history
- Includes name and contact information for the transferring provider to facilitate post-transfer communication
- Documents that a transfer has occurred from home or birth center



NEONATAL TRANSFER TO HOSPITAL

Provider-to-Provider Report

Place patient Medical Record Sticker here

Date: ___ / ___ / ___ Time: ___:___

Neonate: *Male / Female* Name: _____

DOB: ___ / ___ / ___ TOB: ___:___

Mother's Name: _____ DOB: ___ / ___ / ___

Father's Name: _____

Transfer to: _____

Contact Name: _____ Contact Number: (____) _____ - _____

Transfer from: *Birth Center / Home Birth*

Provider: _____

Contact Number: (____) _____ - _____

Facility Name: _____

Contact Number: (____) _____ - _____

Fax: (____) _____ - _____

**Hospital: Please send communication and discharge summary
to the above "Transfer from" provider.**

LAST NEONATAL VS

Time: ___:___

HR: ___ RR: ___ T: ___

SpO2: ___ Resp. Status: _____

APGARs:

1 min: ___ 5 min: ___ 10 min: ___

Feeding: Y / N Urine: Y / N BM: Y / N

SITUATION: _____

BACKGROUND: _____ y/o G ___ P _____ @ _____ weeks

EDD: _____ by LMP _____ or U/S @ _____ weeks

Membranes: ROM Prior to Labor? *Y/N* Time: _____ :

Total ROM Time: _____ hrs _____ min

Meconium: *Y/N Lt/Mod/Thick*Resuscitation: *Deep Suction / Blow-by O2 / PPV / Cardiac Compressions for ___ min*

/Other: _____

Labor History: _____

Current Pregnancy History: _____

Pertinent Maternal History (Medical/ Surgical/ OB): _____

ASSESSMENT: _____

RECOMMENDATION: _____

Eye Prophylaxis: *Y/N*Vit K: *IM / Oral / None***RISK FACTORS FOR INFECTION***Prolonged Labor / PROM / Maternal Fever**/Fetal Tachycardia*GBS: *Pos/ Neg / UNK* Date: ___ / ___ / ___ABX: *PCN/ None/ Other*: _____> 4 hours: *Y/N***MATERNAL LABS AND MEDICATIONS**ABO/Rh: *A B AB O UNK Pos / Neg/ UNK*HIV: *Pos/ Neg/ UNK* HepB sAg: *Pos/ Neg/ UNK*

Other Intrapartum Meds: _____

UWVNOQC



Transfer Forms: Best Practices

- The midwife should provide the maternal or neonatal transfer form
- Hospital staff should ask for the form, educate, provide the form if necessary, and offer to fill it out together as time allows
- The form should become part of the hospital medical record
 - Include in paper chart or scan into EMR
 - Birth certificate clerks reference these forms to document a transfer





Improve Processes

- **Transfer Toolkit**
 - *Transfer Guideline* for each hospital
 - *Transfer Forms*, maternal and neonatal
 - *Transfer Feedback*



Transfer Feedback

- Feedback is critical to process improvement
- Need both hospital and out-of-hospital provider perspectives
- Goal should be to complete the feedback survey for each transfer
- We are in the process of creating a report for each hospital, birthing center, and midwife





UWNQC

Utah Women & Newborns Quality Collaborative

Maternal / Neonatal Transfer Process Feedback Survey

This survey is being conducted by the Utah Women and Newborn Quality Collaborative (UWNQC) and is designed to improve the process of out-of-hospital (OOH) to hospital transfers.

Your responses will only be shared in a de-identified manner. You will not be identified by name or practice. Participation is voluntary. If you don't want to participate, or if you don't want to answer a particular question, that's okay. Please expect to spend about 5-7 minutes to answer the following questions. If you have any questions, please contact the Maternal and Infant Health Program Quality Improvement Director Heather Bertotti Sarin at 801-273-2856. Thank you for your time.

*** 1. Type of transfer:**

Maternal

Neonatal

Both



Encourage Best Practices

- **Utah Best Practice Guidelines:**
 - Transfer to Hospital from Planned Out-of-Hospital Birth**
 - Midwives
 - Hospital providers
 - Hospital
 - Hospital system

UWNQC

Utah Women & Newborn Quality Collaborative

Utah Best Practice Guidelines: Transfer to Hospital from Planned Out-of-Hospital Birth

Mission Statement:

Women have the right to choose out-of-hospital birth at home or in a birth center. Regardless of our individual opinions regarding this choice, we must begin with the acknowledgement that some women will continue to choose out-of-hospital birth. An integrated, inter-professional maternity care system, that promotes safe and seamless transfer of care to the hospital, is





Best Practices in a Nutshell...

Midwives...

...know the transfer hospital's policies and preferences.

...provide a verbal SBAR report to the receiving provider.

...coordinate with the hospital provider for follow-up care.

...resume care upon discharge.

...request and participate in a debriefing with the hospital team.

...submit feedback regarding transfers.

Hospital Providers...

...know and follow the hospital's transfer guidelines.

...communicate directly and respectfully with the midwife.

...coordinate with the midwife for follow-up care.

...send relevant medical records to the referring midwife.

...debrief the case with the midwife and hospital care team.

...submit feedback regarding transfers.

Hospitals/Hospital Systems...

...create and publish transfer guidelines.

...promote a policy of inclusion of the midwife as part of the woman's support team.

...implement a system to accurately capture that a woman or newborn was transferred from home or birth center..

...regularly review transfers.

...submit feedback regarding transfers.



What We've Learned

- Erin's perspective as a hospital care provider
- Suzanne's perspective as a community care provider





Our Goal:

Improve the care of mothers and babies...

...and we'd love your help!





How to get involved:

- **When and where we meet:**
 - 2nd Tuesday of each month, 3:00-4:30 pm
Dept of Health, 3760 S Highland Dr., Salt Lake City
 - Call-in option
 - OPEN MEETING: ALL ARE WELCOME
- **Email:** hsarin@utah.gov





Want to learn more?

- Check out our website: www.uwnqc.org
- Utah Out-of-Hospital Birth Symposium, 2018: www.youtube.com
 - Overview of Out-of-Hospital Births in Utah
 - The Birth Transfer Process
 - Utah Best Practice Guidelines



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Questions?

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