

Home Birth and the Public Health Response: *Promoting Informed Choices and Healthy Outcomes*

Mairi Breen Rothman, CNM, MSN
Co-Director, M.A.M.A.S. Inc. Takoma Park, MD
Legislative Liaison, ACNM Maryland Affiliate

Midwives Workgroup Meeting
October 25, 2012
Department of Health & Mental Hygiene

Definitions

- Planned home birth
- Midwife
 - CNM
 - CPM
 - Unattended
 - Out-of hospital
 - Birth centers in Maryland
 - Differences between home and birth center birth

Safety of Home Birth: The Evidence

- Olsen 1997 (Birth)
- Johnson & Daviss, 2005 (BMJ)
- Leslie & Romano
- Janssen Saxell et al, 2009 (CMAJ)
- Similar findings internationally

Safety of Home Birth: The Evidence

- Wax et al in AJOG--Deeply flawed inclusion data
- included of pre-term infants delivered at the hospital
 - included data from birth certificates that do not differentiate between planned and unplanned
 - did not consider culture, geography and health care systems
 - detailed critique
<http://www.medscape.com/viewarticle/739987>.

Why women choose home birth

- number one reason: SAFETY
- avoidance of unnecessary medical interventions
- previous negative hospital experience
- more control
- comfortable familiar environment.

(Boucher-Bennett et al, JMWH 2009)

Why women choose home birth

- rising c-section rate in hospital
- not feeling listened-to and respected
- Women look at the evidence and make their choices. Average home birth practice has
 - Close to 95% normal vaginal deliveries
 - Close to 100% breastfeeding rate
 - Low rates of induction, episiotomy, epidural, newborn infections
 - Very low rate of complications for newborns or moms, and no separation between babies and parents
- Changing demographics...30 years ago and now

Home Birth is Not Just for Hippies Anymore!



Public Health Issues:

- Women are choosing home birth in ever-increasing numbers. From 2004-2008
 - 20% increase nationally
 - 55% increase in Maryland
- **Women WILL choose homebirth, and will find a way, with a midwife *inside* or *outside* the system, or by themselves—the challenge is to make it as safe as possible**

The Ideal Public Health Scenario for Birth:

- Everyone who is qualified to attend births is licensed
- Everyone is operating INSIDE the system
- Midwifery is regulated by midwifery professionals
- Everyone has access to the model of care she chooses
- We have enough midwives to meet the demand
- We do not have unattended home births
- We have smooth transfers from one level of care to another
- Midwives easily consult or collaborate with other healthcare providers
- Medicaid covers services that women choose

So who's attending home births in Maryland?

- CNMs—Why not more? Challenges:
 - Getting licensed—staying licensed (Flawed BON complaint process)
 - Forming relationships with physicians and hospitals
 - No regulation of the health insurance industry
 - Not covered by Medicaid
- CPMs—working outside the system
 - Afraid to transfer—Lack of legitimacy in the healthcare community
 - birth registration problems
 - Licensure of qualified CPMs would eliminate birth registration problems and hold them accountable for their practice
- Unattended home births

M.A.M.A.S. Inc.: a Home Birth Service

- Prenatal Care
 - Visits (individual & Community Care)
 - Labs & Sonos
- Intrapartum Care
 - Personnel & training
 - Supplies & Equipment
 - Monitoring maternal & fetal well-being
- Newborn Care

M.A.M.A.S. Inc.: a Home Birth Service

- Postpartum Care
 - Immediate and first 3 days
 - 2 and 6 week
- Transfers
 - Non-emergent
 - Emergent

M.A.M.A.S. Inc.: a Home Birth Service

- Outcomes
 - About 250 babies, no maternal or infant deaths
 - 5-6% cesarean rate
 - 8% transfer rate (mostly primips, non-emergent)
 - Transfer problems
 - Lack of respect/compassion for clients
 - Lack of respect & acknowledgement of CNM as professional colleague
 - One emergent transfer

Collaboration: what is it?

■ Dictionary:

1. To labor together
2. To work together jointly, especially in an intellectual endeavor
3. To cooperate with the enemy

Collaboration: what is it?

- The provision of health care by an interdisciplinary team of professionals who collaborate to accomplish a common goal
- Collaboration occurs when a group of autonomous stakeholders of a problem engage in an interactive process

(Wood DJ et al 1991)

Good collaboration amplifies strength, but poor collaboration is worse than no collaboration at all.
Morten Hansen



"Individually, we are one drop.
Together, we are an ocean." Ryunosuke Saloro

Collaboration: why does it matter?

- Strong teams providing high quality care
- Appropriate care for appropriate women
- Communication among providers in best interest of women
- Helps to prevent misses and near misses
- Development of future knowledge

Collaboration: why does it matter?

- We function as members of inter-professional teams
- BUT we are educated and socialized in single professions that each have a distinct set of methods, values, and philosophies . . .

Joint Commission 2004; Mickan S 2010; Xyrichis A 2008

Collaboration: why does it matter?

- THUS:
 - minimal training in team-based skills
 - minimal awareness of our partners' roles
 - miscommunication, competition, conflict, duplication of services

AND . . .

Joint Commission 2004; Mickan S 2010; Xyrichis A 2008

Collaboration: why does it matter?

Adverse patient outcomes:

- Effective inter-professional (IPC) is particularly important in maternity care because pregnant women move across professional boundaries when they develop complications

Joint Commission 2004, 2007; Schmidt M 2001; Laros RK 2005; Shiffrin BS 2007; Simpson KR 2003, Downe S 2010

Collaboration: why does it matter?

- Root causes in obstetric malpractice cases consistently highlight miscommunication and failure of teams to function as a team as the primary cause
- 65-72% of preventable adverse outcomes are secondary to lack of collaboration and poor communication (Joint Commission)

Joint Commission 2004, 2007; Schmidt M 2001; Laros RK 2005; Shiffirin BS 2007; Simpson KR 2003, Downe S 2010

Challenges to collaborative practice

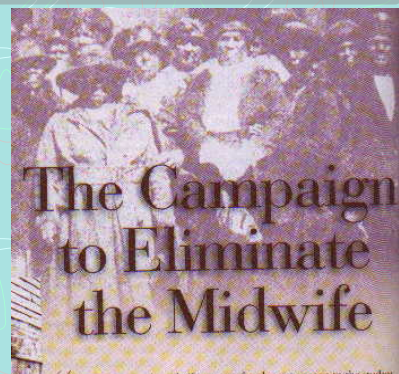
- State licensing laws (supervision, collaboration, autonomous practice language)
- Hospital privileges and bylaws
- Malpractice constraints
- Inter-professional conflict and competition

Liability Constraints

- Does collaboration lead to increased malpractice liability?
 - ACOG professional liability survey has found an increase in IPC practices without an increase in malpractice cases that have a CNM co-defendant
- Gilbert decision

Booth JW 200; Winrow B 2008, Angelini DJ 2005, King TL 2005

The ultimate challenge: past or present history?



The ultimate challenge: past or present history?

IOM Future of Nursing (2010)

- *Nurses (CNMs) should practice to the full extent of their education and training*
- *Nurses (CNMs) should be full partners, with physicians and other health care professionals, in redesigning health care in the United States*

What Helps Us Work Together?

- Professional competence
- Common orientation and focus on patient-centered care
- Mutual respect and shared values
- Awareness of different roles and skills
- Acknowledgment of interdependence and equality in power between individuals

San Martin-Rodriguez L et al 2005; Ivey S 1988; D'Amour D et al 1999; Stichler JF 1995; Miller S 1999; Suter E et al 2009


Possible Next steps:

- Form a Maryland Board of Midwifery to license and regulate all qualified midwives
- Require all hospitals to have clinical practice guidelines (protocols) for receiving transfers
- Short term:
 - Eliminate the collaborative plan
 - Reform the BON complaint process
- Medicaid to cover all qualified providers & sites
- Bottom line: Birth is about women, and this discussion is about the sovereignty of women.


Parting thoughts . . .

- We will most likely be facing a shortage of physicians in our specialty - collaboration may be one solution to the impending crisis
- Collaboration is not an accident but a well planned and choreographed learning experience

We think
it can work!



Lessons learned



We could learn a lot from crayons: some are sharp, some are pretty, some are dull, while others are bright, some have weird names, but we have to learn to live in the same box." –

Anonymous

Thanks to...

- Eugene deClercq
- Marion McDorman
- Sarasvathi Vedam,
- Holly Powell Kennedy
- Richard Waldman
- Michelle Grandy

... for their fantastic work!

Thank you!

Máiri Breen Rothman, CNM, MSN
mairicnm@gmail.com