



# Bridging the Gap: Guidelines for Planned Community Births to Hospital Transfers

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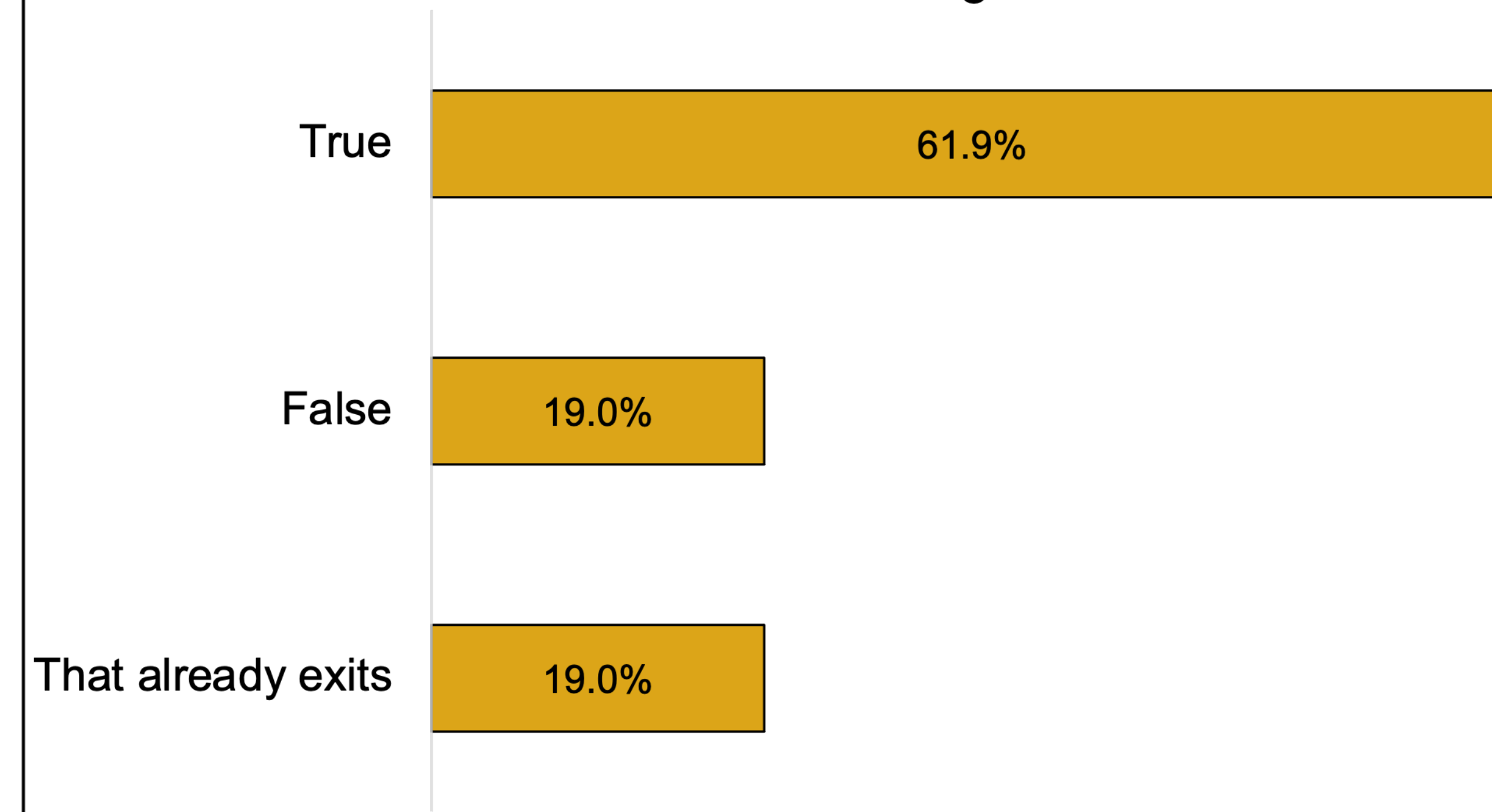
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## Background

- While the vast majority of births still occur in hospitals, over the last 15 years there has been a steadily growing upward trend in the prevalence of community births across the country<sup>1</sup>. More and more women are choosing to receive their obstetric care at stand-alone birth centers and from midwives in their homes.
  - Despite this trend, many hospital systems in the US have yet to implement guidelines and protocols that facilitate collaboration between hospitals and community birth providers.
- Currently community births are associated with greater perinatal mortality in the United States. However, there several other high resource countries, such as the Netherlands, in which community births are much more common, integrated into the healthcare system and are associated with mortality equivalent to that of hospital births<sup>1</sup>.
- Transfers from community to hospital births in the intrapartum period are associated with significant risk (ACOG, 2017).
  - Despite this risk, there are currently no formal transfer guidelines for community to hospital births being used by UHealth hospitals in Colorado Springs.

## Needs Assessment

UHealth ObGyns, Midwives and patients would benefit from guidelines for planned community birth to hospital transfer of care in the non-urgent, urgent and emergent setting



Survey completed by UHealth ObGyn Hospitalists



*“Unfortunately, in my humble opinion, our health care organizations remain a leading barrier to safe home birth in the US”*

## Discussion

- Overall, the majority of UHealth obstetric providers believe that transfer guidelines would provide benefit to the system and patients
- There is at least some willingness on the part of community birth providers to consider such guidelines
- The likely barriers to the implementation of such guidelines are numerous and include:
  - Consensus on the substance of the guidelines
  - The diversity of the community birth providers makes universal or near universal buy in extremely difficult
  - Institutional buy-in given possible liability issues
- However, there are models in the US in which similar barriers exist and guidelines have been successfully implemented

## Objective

- Assess the perceived need for transfer guidelines and determine willingness amongst hospital providers to collaborate with community providers to execute them with the goal of ultimately implementing established, evidenced based transfer guidelines.

## Design

- Distribute simple needs assessment survey to UHealth hospitalist
- Discuss possibility of guidelines and likely barriers in both Midwife and ObGyn focus groups

## Focus Groups

- Conversations with ObGyn providers at UHealth revealed that there is a perception that community providers are resistant to transfer guidelines due to some attempts to implement them in the past
- Several midwives have expressed interest in some guidelines and increased collaboration between the models of care but there is concern regarding whether such guidelines would over-reach and not allow for them to use their own clinical judgement
- The possibility of some increased liability for the hospital with the implementation of transfer guidelines was discussed as well

## Next Steps

- A series of meetings that include both community birth Providers and UHealth ObGyns that have expressed interest in developing transfer guidelines and a willingness to collaborate to do so.
- The focus of these meetings should be to: 1. establish common goals and 2. develop transfer guidelines that work to achieve those goals (with existing transfer guideline recommendations as models)

## Reference

1. Cheyney, M., Bovbjerg, M., Everson, C., Gordon, W., Hannibal, D, & Vedam, S. (2013). Outcomes of Care for 16,924 planned home births in the United States: The Midwives Alliance of North America Statistics Project, 2004 to 2009. *Journal of Midwifery & Women's Health*, 59(1),17-27.