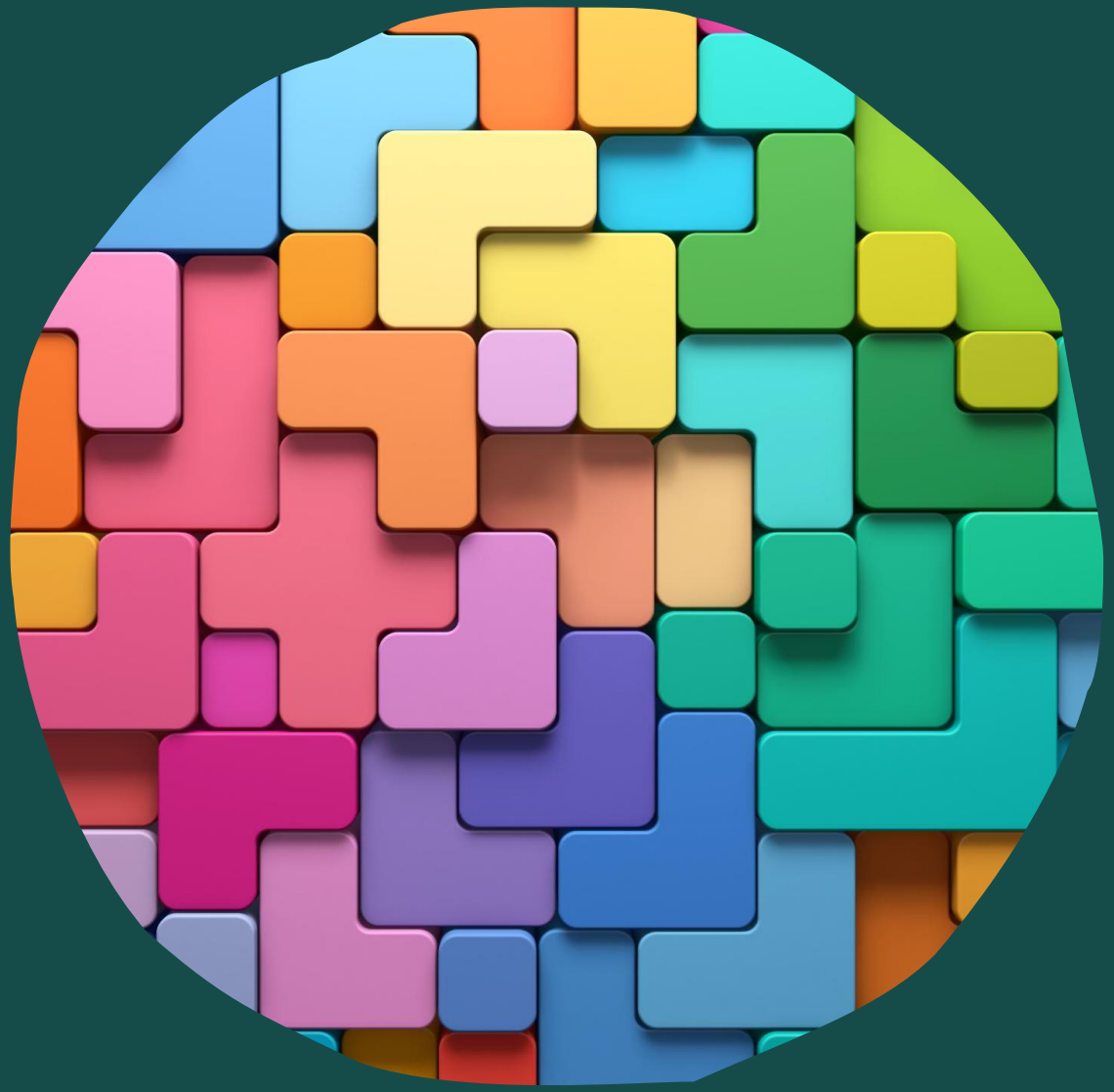
# Integrating Midwives and Harnessing Team-Based Care

A powerful strategy toward reducing disparities & improving outcomes for all

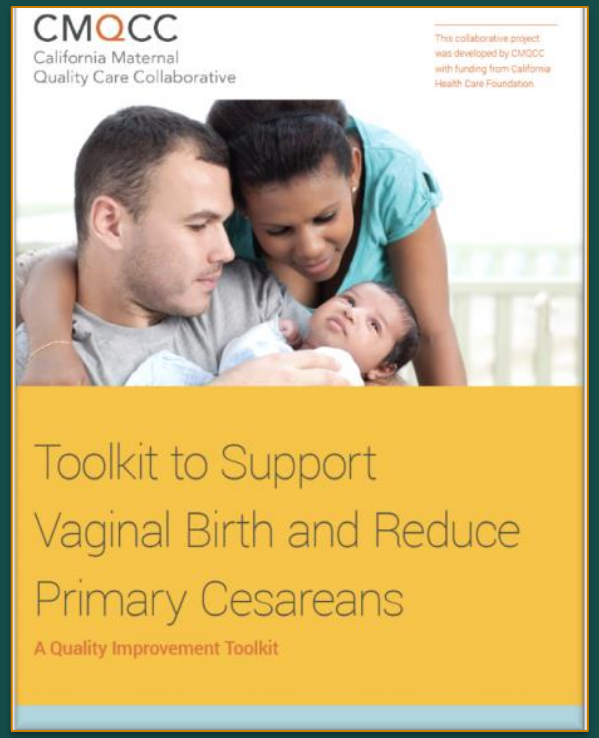


Holly Smith, CNM, MPH, FACNM

# Objectives

- ✓ Describe key components of team-based care between midwives, nurses, and physicians
- ✓ Identify concepts of midwifery integration as it relates to team-based care
- ✓ Understand how integration and team-based care move us closer to eliminating disparities in birth outcomes
- ✓ Identify challenges and opportunities for improvement

# FYI: Five-Part Series Available...




1. The Next Step in California's Quality Improvement Journey: Integrating midwives, doulas, & community-based birth care (Nov 30, 2022)

2. Harnessing the Power of Team-Based Care to Improve Maternity Outcomes (Feb 3, 2023)

3. Tackling the Midwife Question: What is midwifery integration and why is it important for moms and birthing people in California? (May 9, 2023)

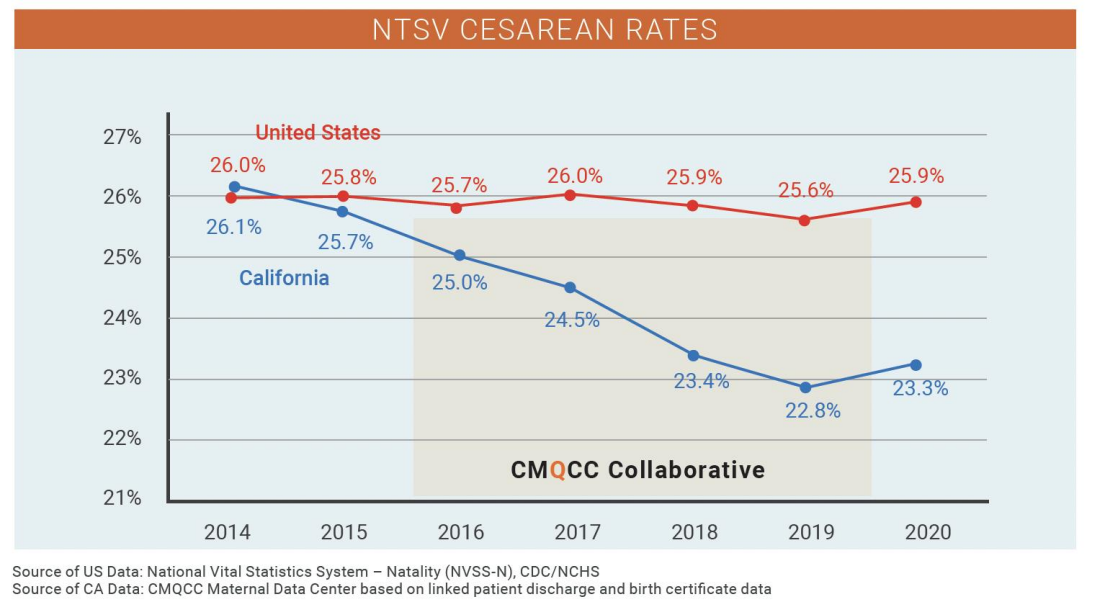
4. Partnering with Doulas (Aug 30, 2023)

5. Community Birth: Improving transfer of care (Oct 25, 2023)

Recordings at https://www.cmqcc.org/resources-tool-kits/webinars

# Cesarean Trends

## *California*




## *New Jersey*

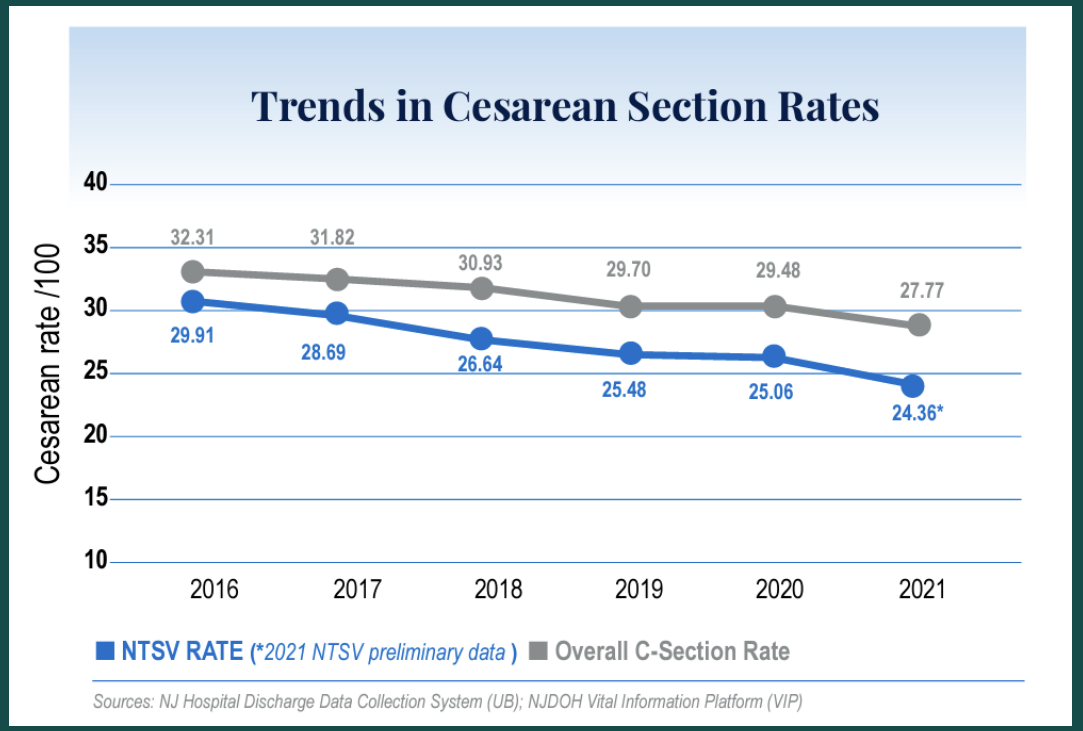
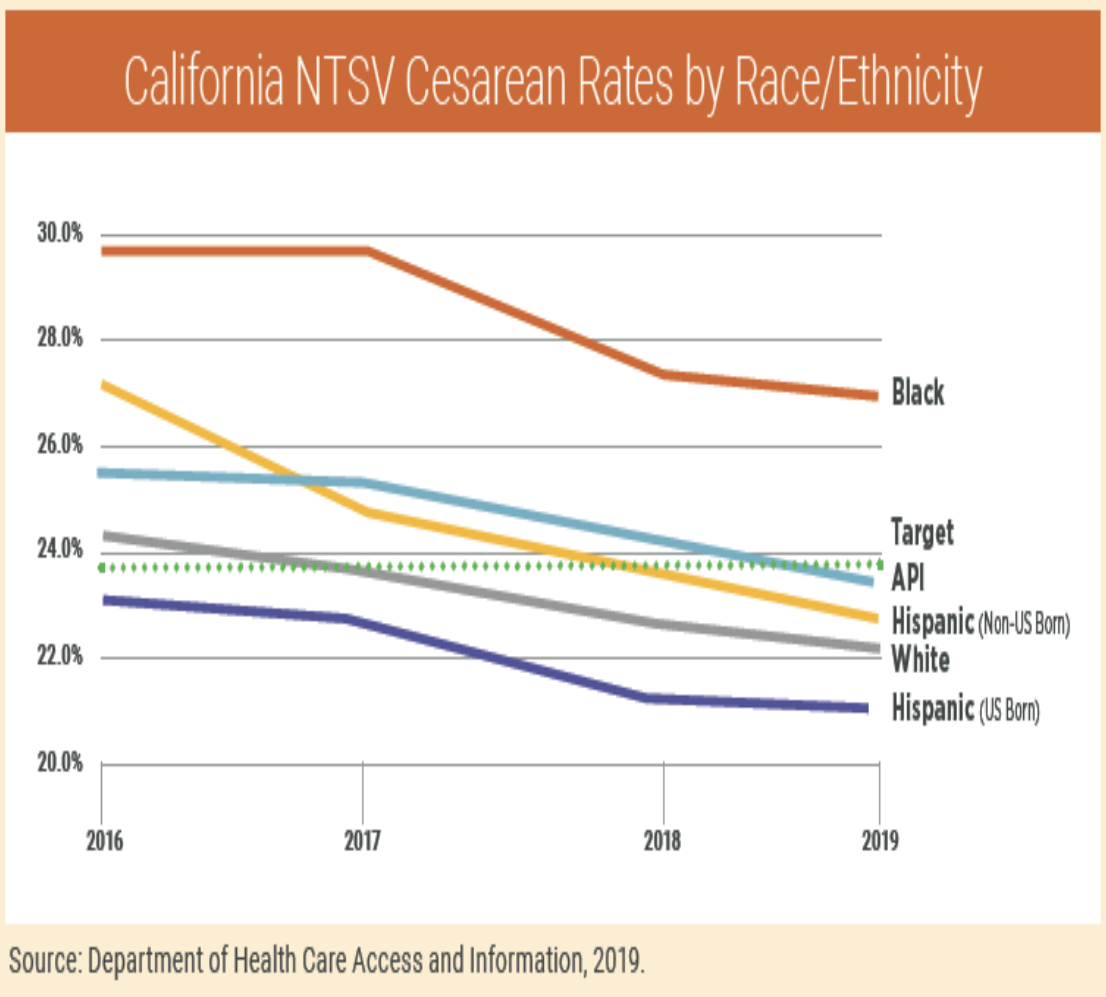


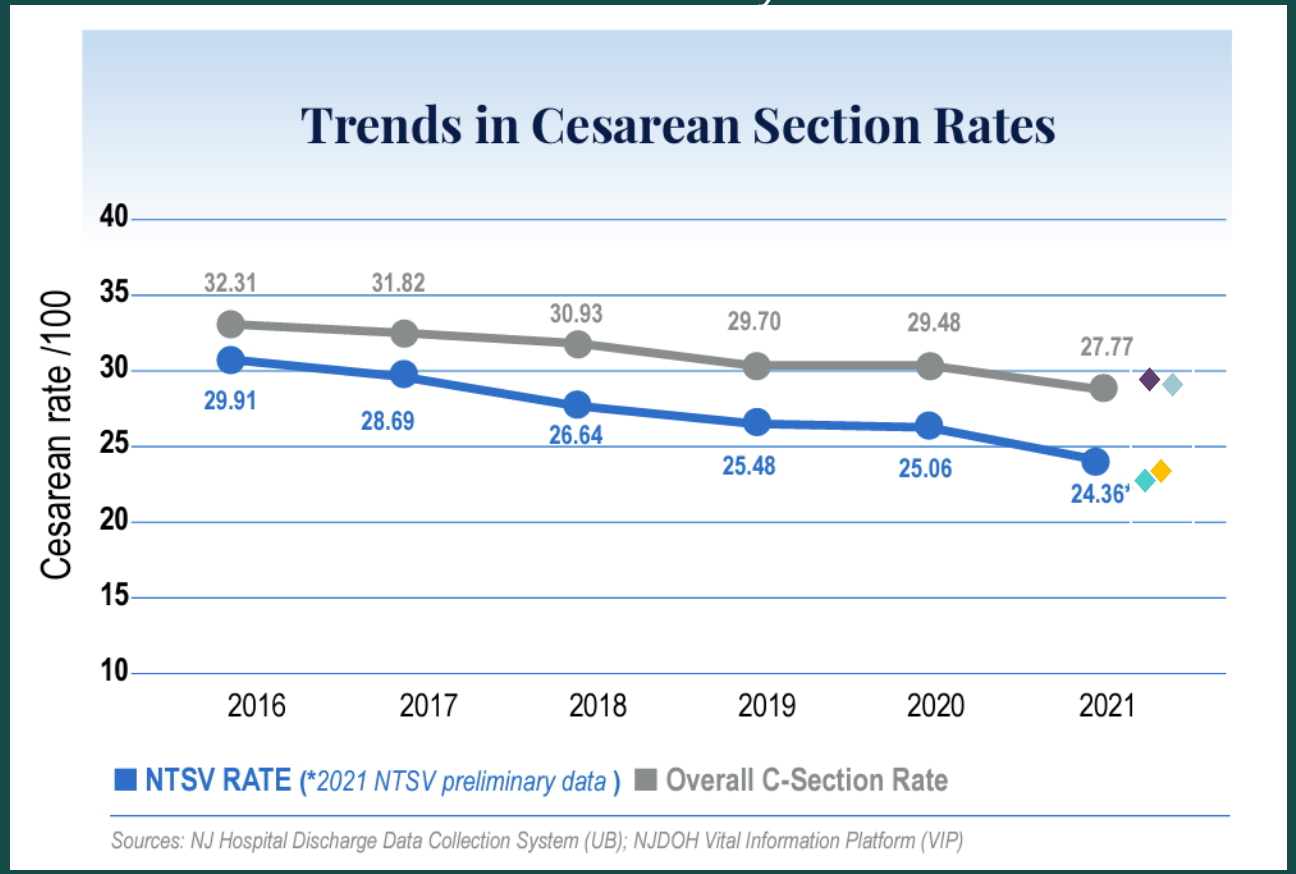

Image source: *Path to Progress Report*, 2022, NJPQC

# Cesarean Disparities by Race and Ethnicity

*California*




*New Jersey*



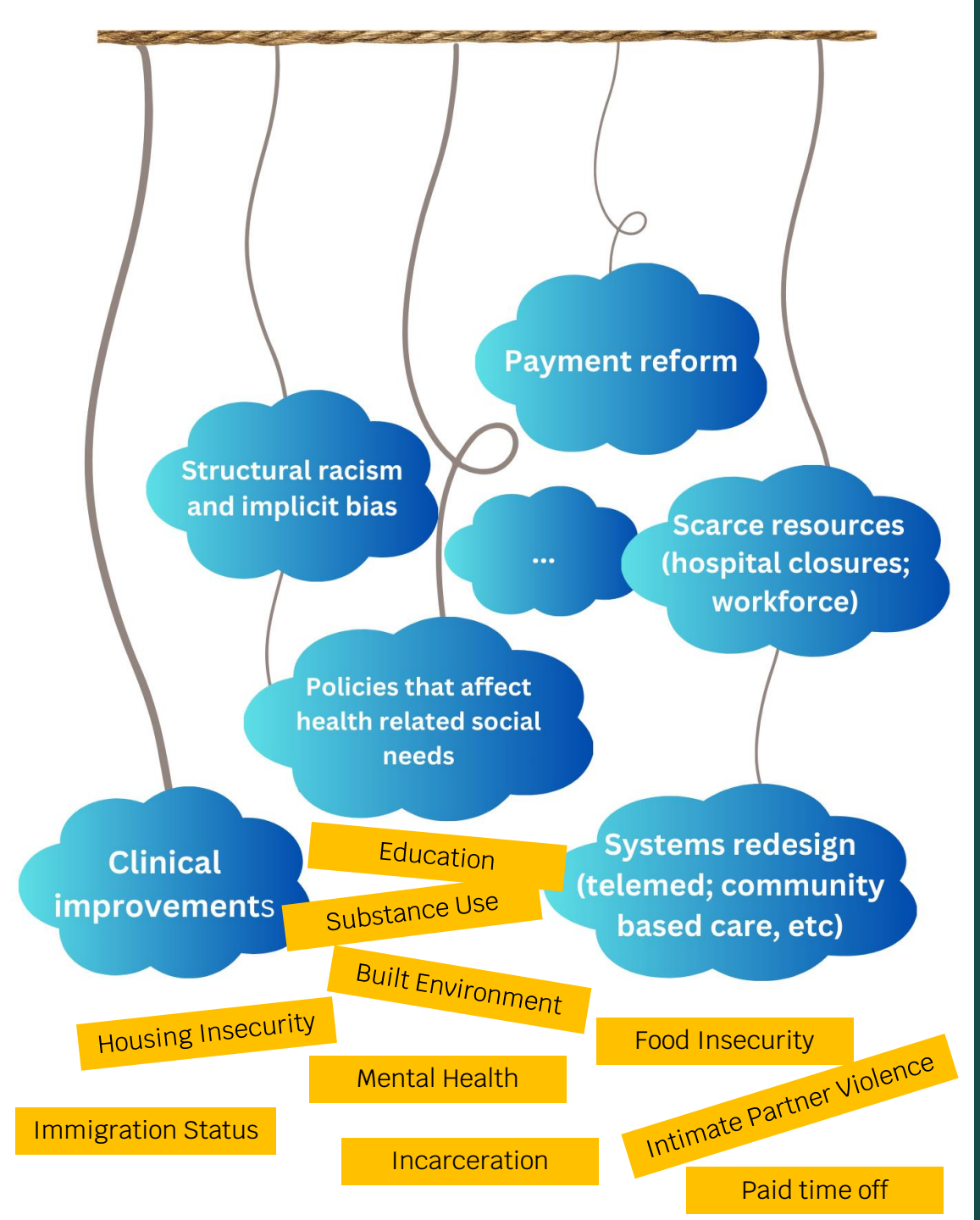

- Asian 29.0
- Black 28.8
- Hispanic 24.8
- White 23.2

Image and data source: *Path to Progress Report*, 2022, NJPQC

**graphic representation of data points for race/ethnicity added by presenter*

**rates by race/ethnicity are overall CS rates, not NTSV rates*

Image source: CMQCC Toolkit to Support Vaginal Birth and Reduce Primary Cesareans




# Maternity Care Improvement Ecosystem

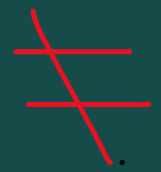
- Vast, confusing network of interconnected concepts → Clinical improvements alone won't solve the problem
- BUT! We're at a tipping point for change…
- No shortage of organizations, state/fed agencies, nonprofits, and clinicians working on each of these

# Birth Equity

Birth Equ·i·ty */noun/*

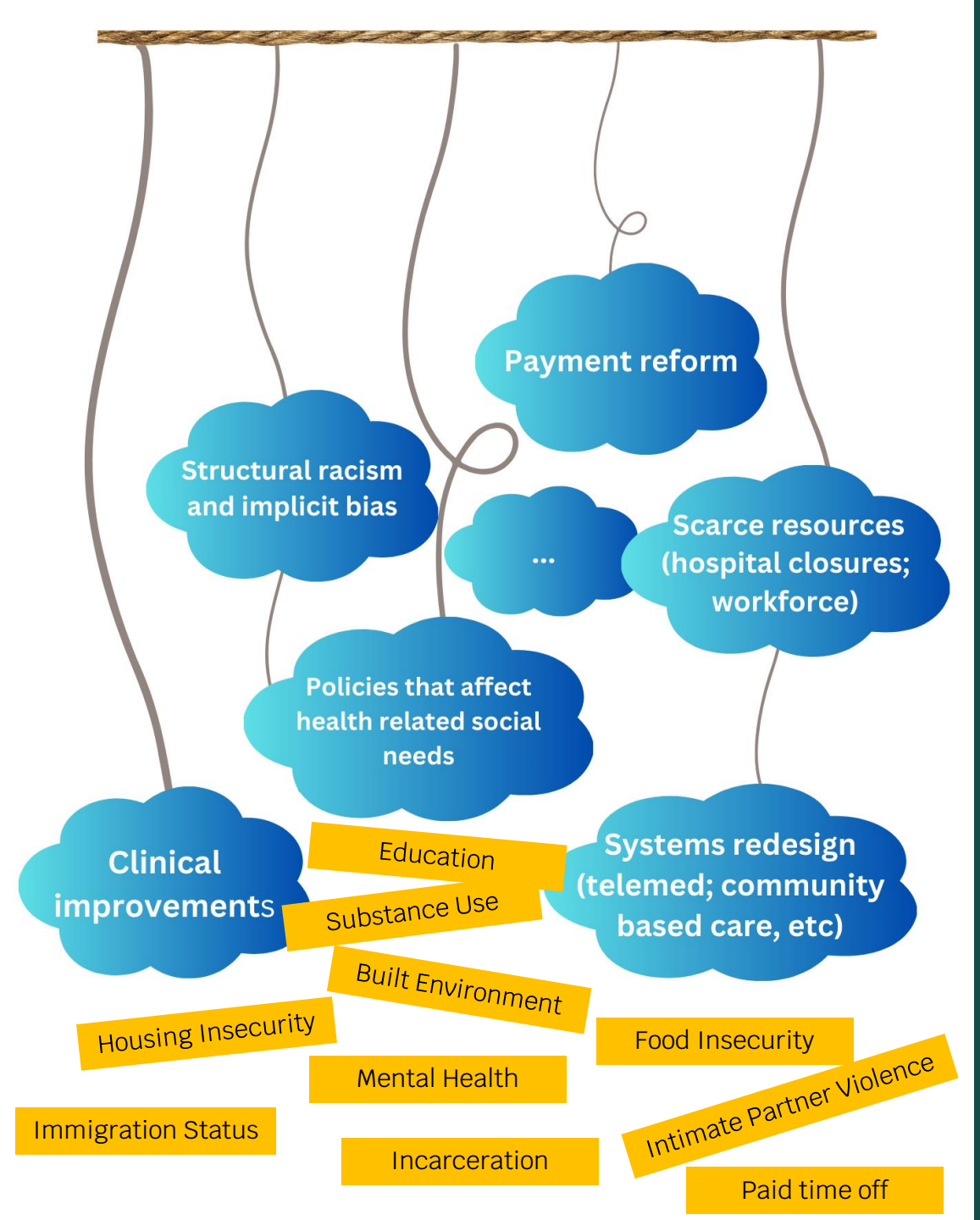
1. The assurance of the **conditions** of optimal births for all people with a **willingness** to address **racial and social inequalities** in a **sustained** effort.

- Aspirational
- Constant gardening (no one-offs)
- Emotional Intelligence
- Radical Empathy
- Innovative thinking
- Deconstructing harmful power centers
- Systems change
- Consider upstream social determinants of health
- Deal with health-related social needs
- Requires us to break our bias and destigmatize
- Trauma-informed



**Typical Clinical Quality Improvement Efforts…**

Outcome-oriented
Cookie Cutter processes
Concrete measurable data sets
Target goals that are "good enough"
Low-hanging fruit
Start and stop
Behavior change but not hearts and minds




# The Work Must Be Intentional…

- ✓ Consider community needs/wants in our approaches to quality improvement (patient and community-centeredness)
- ✓ Incorporate improvement measures that evaluate respect, dignity, and implicit bias in childbirth
- ✓ Humility to accept that what we are doing right now isn't working for everyone
- ✓ Use all the tools in the toolbox, not just the easy "low-hanging" strategies
- ✓ **Utilize strategies that consider the root causes of disparities**

# Midwifery Care

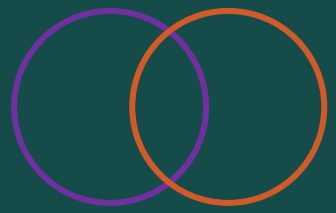
*Midwifery philosophy has long preserved three immutable elements:*

- Patient-centeredness
- “The therapeutic use of the human presence”
- Nonintervention unless necessary for the health and well-being of the pregnant person and/or fetus

# Team-based Care

A team-based model of care is one that strives to meet **patient needs and preferences** by actively engaging patients as full participants in their care while encouraging **all** health care providers to function **to the full extent** of their education, certification, and experience.

Patient-centeredness

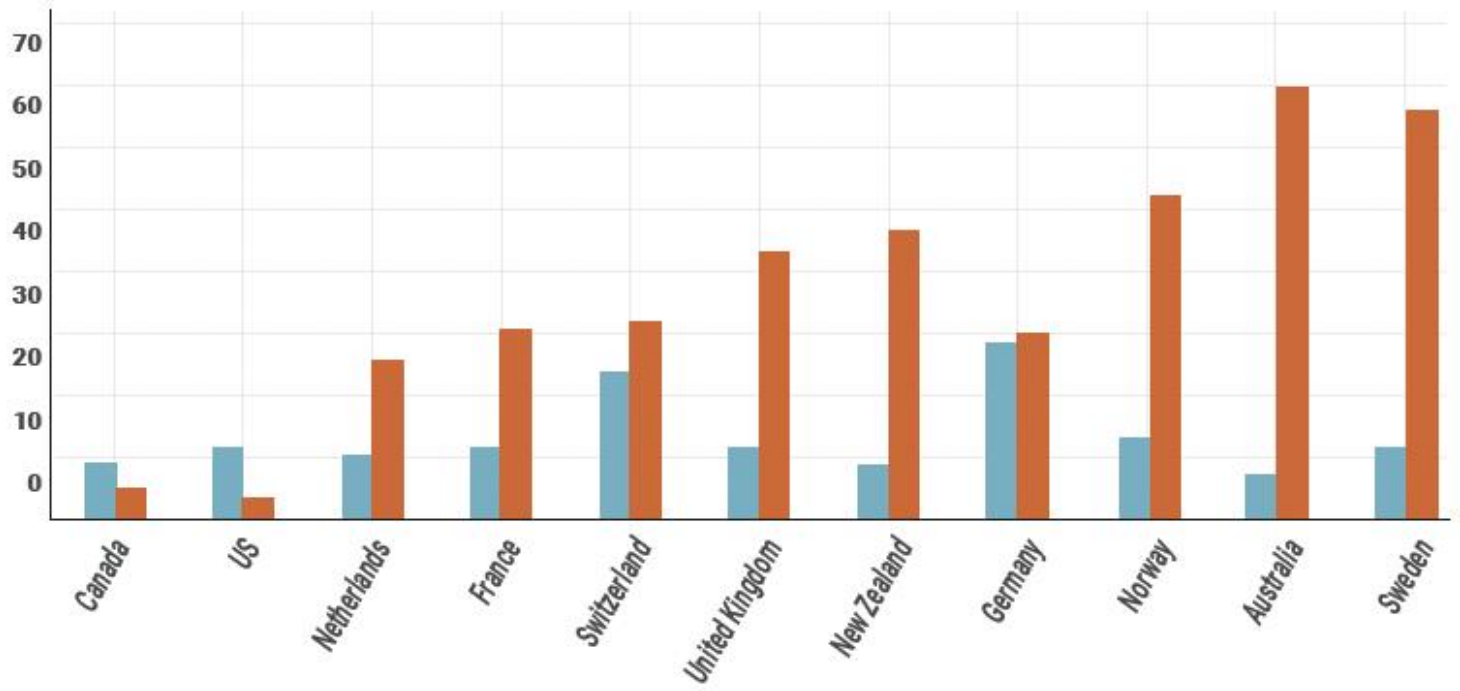


Sources:
1.Akileswaran CP, Hutchison MS. Making Room at the Table for Obstetrics, Midwifery, and a Culture of Normalcy Within Maternity Care. Obstet Gynecol. Jul 2016;128(1):176-80. doi:10.1097/aog.0000000000001493
2. ACOG. Collaboration in Practice: Implementing Team-Based Care.

# Midwifery Care

- The midwifery model of care is standard in all countries that have better birth outcomes

**Figure 14.** Midwifery around the world: Comparison of United States to other Countries




Source: Tikkanen R, Gunja MZ, FitzGerald M, Zephyrin L. Maternal Mortality and Maternity Care in the United States and Developed Countries. 2020 https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries

# Benefits of Midwifery Care

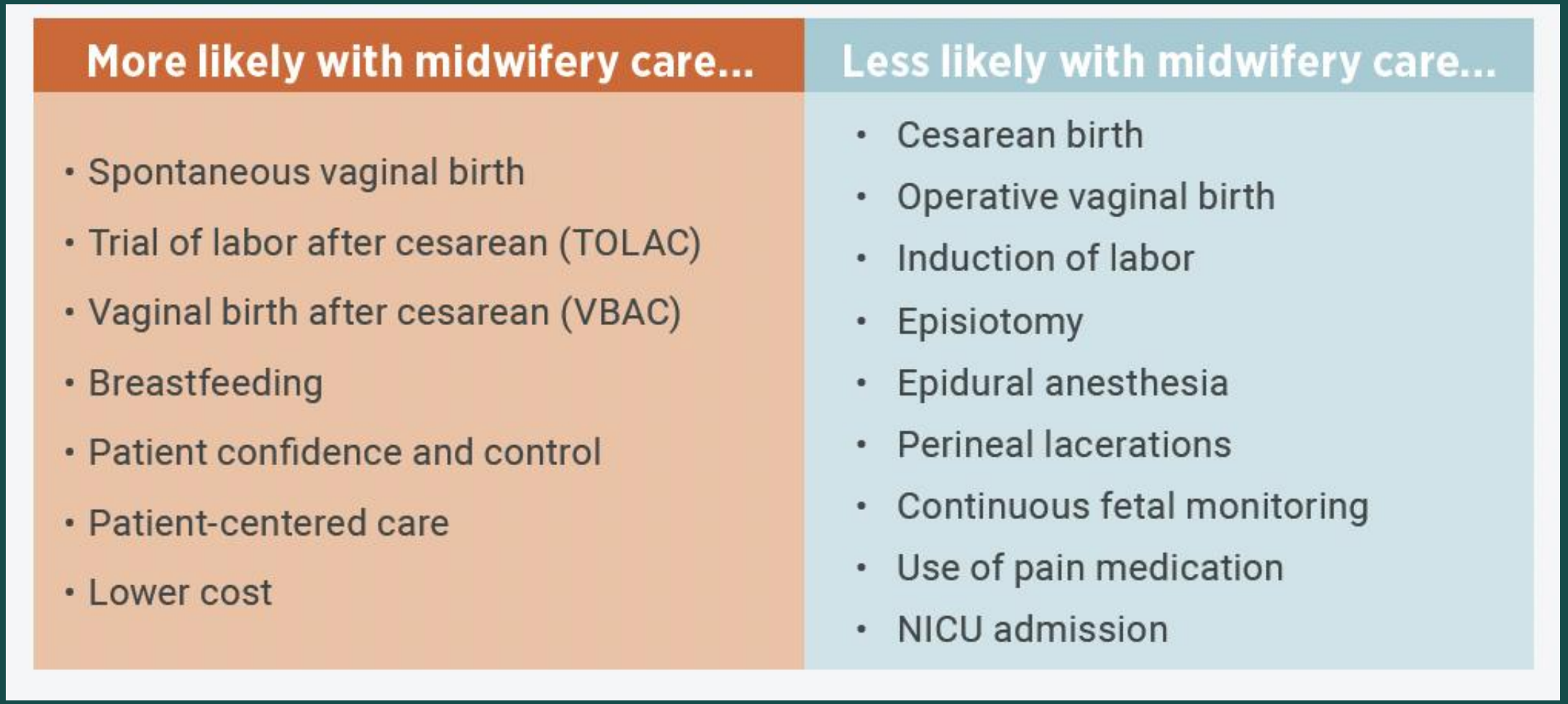


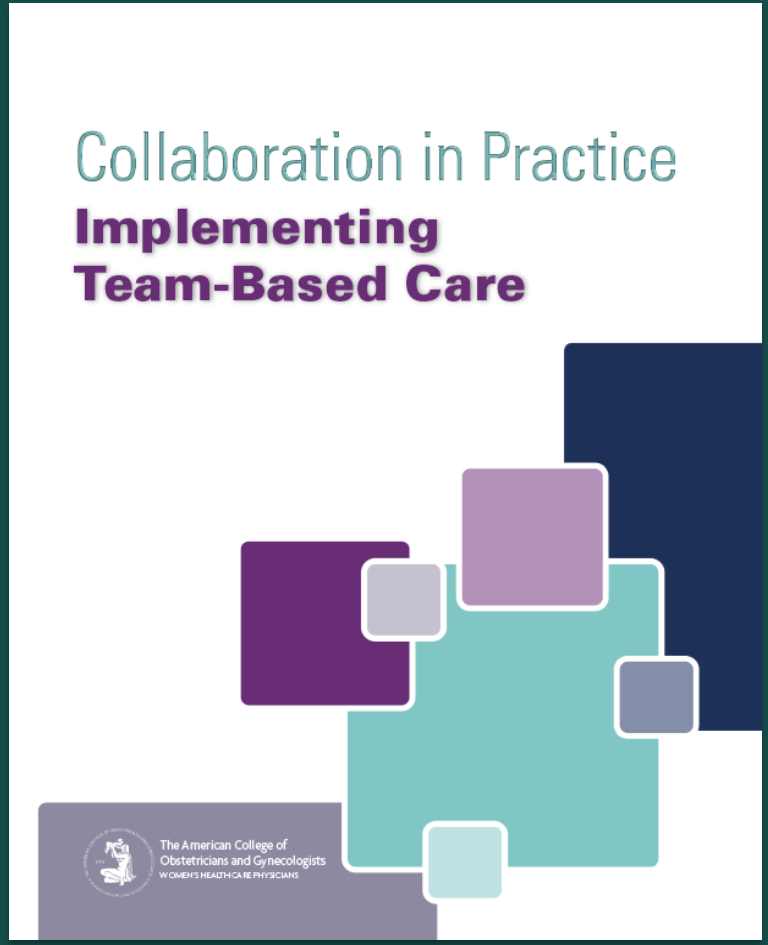

Image Source: CMQCC Toolkit to Support Vaginal Birth and Reduce Primary Cesareans

# What is Team-Based Care? (ACOG)

"A team-based model of care is one that strives to meet **patient needs and preferences** by actively engaging patients as full participants in their care while encouraging **all** health care providers to function **to the full extent** of their education, certification, and experience….

Relationships are governed by **negotiated shared norms and visions**…

**Each team member has knowledge and skills** that contribute to the work, service, and problem solving that are the purpose of the team."



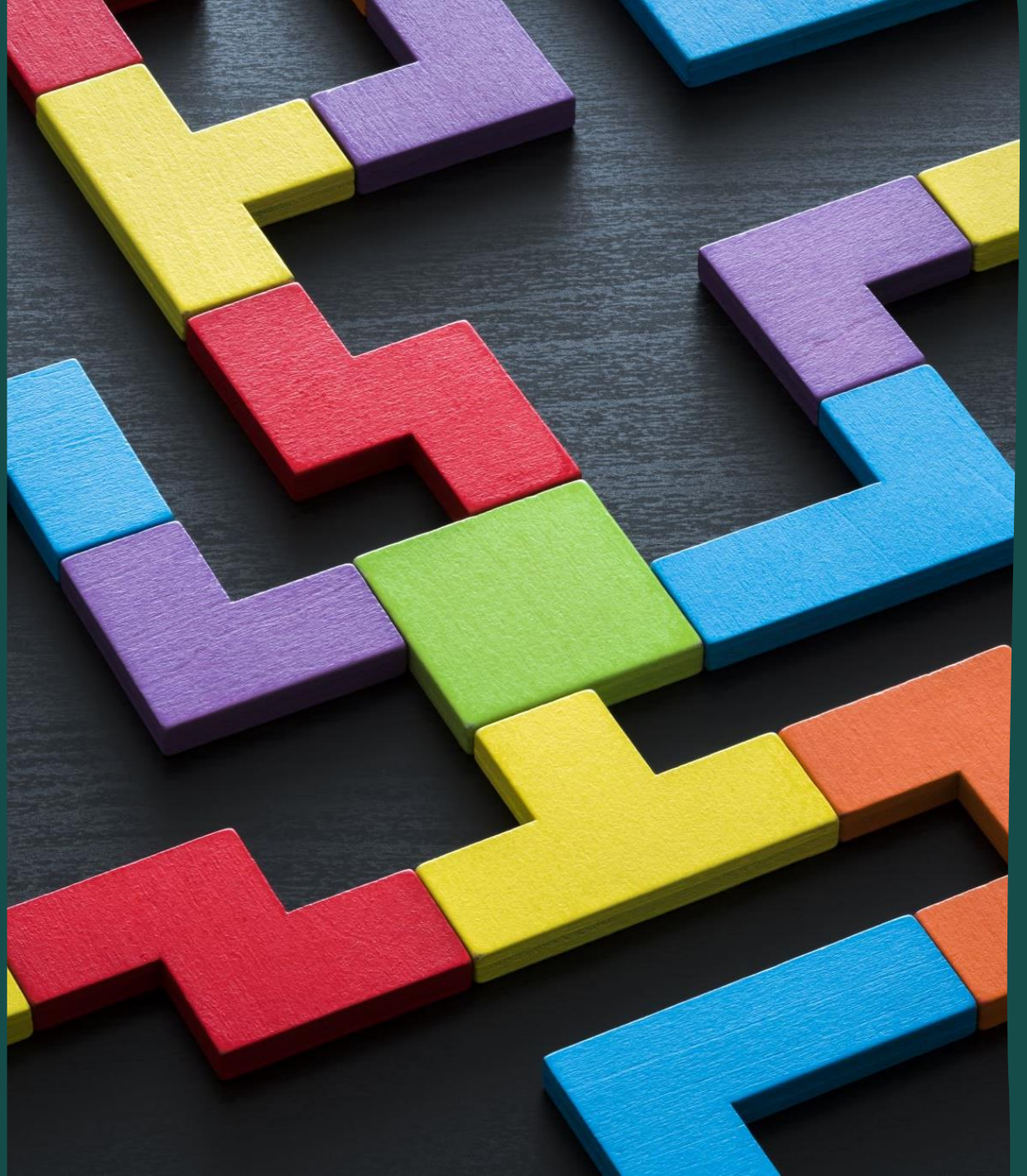

Source: Collaboration in Practice – Implementing Team-Based Care, ACOG, 2016

# Collaboration (ACNM definition)

"Collaboration is the process whereby health care **professionals jointly manage care**. The goal of collaboration is to **share authority** while providing quality care within each individual's professional scope of practice. Successful collaboration is **a way of thinking and relating** that requires knowledge, open communication, mutual respect, a commitment to providing quality care, trust, and the ability to share responsibility."

AMERICAN COLLEGE of NURSE-MIDWIVES
With women, for a lifetime

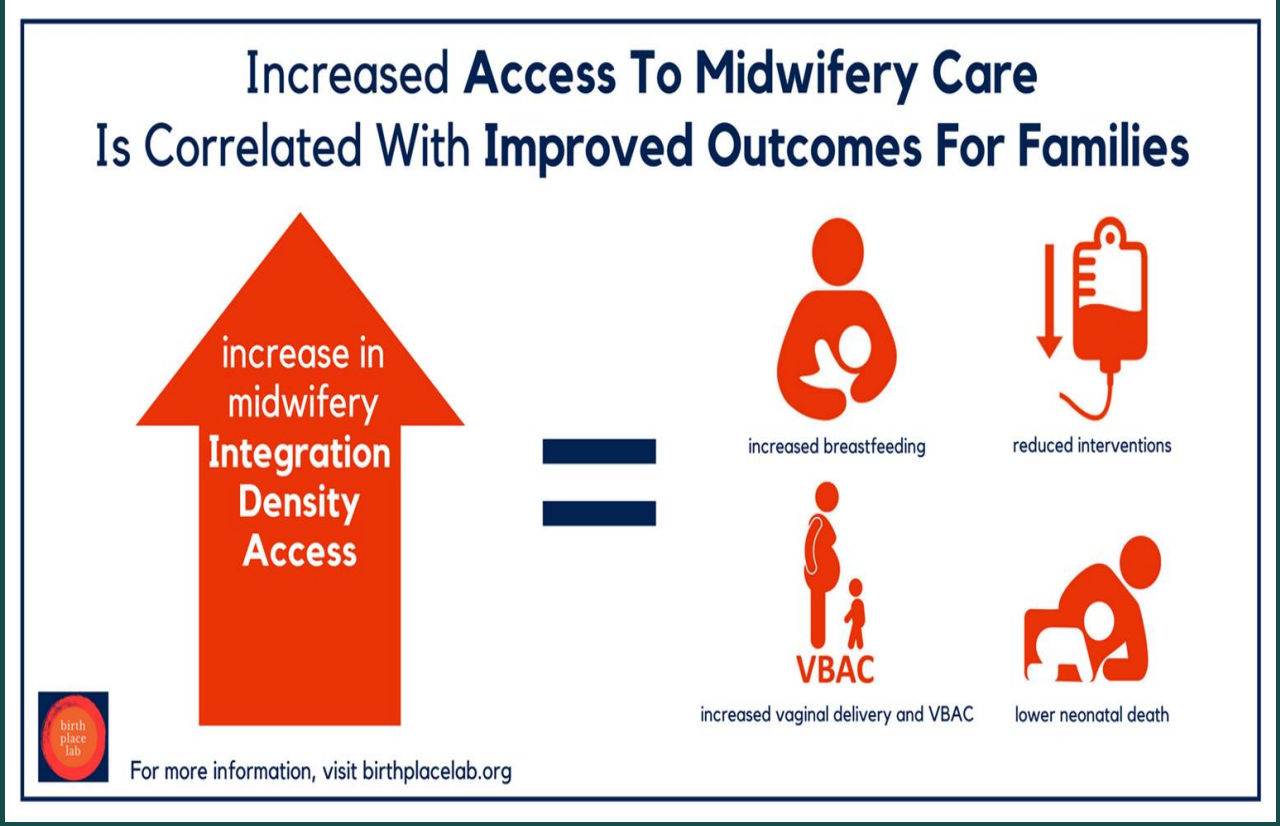
POSITION STATEMENT



# Key Principles of Team-Based Care

- ✓ The **patient is the integral core** of the team
- ✓ The team has a **shared vision**
- ✓ **Role clarity** is optimal to team functioning
- ✓ All team members are **accountable** to their own practice and to the team
- ✓ **Effective communication** is key
- ✓ Team **leadership is situational** and dynamic

# Why does Midwifery Integration Matter?




UBC birth place lab

PLOS ONE

RESEARCH ARTICLE

Mapping integration of midwives across the United States: Impact on access, equity, and outcomes

Saraswathi Vedam[1,2*], Kathrin Stoll[1], Marian MacDorman[3], Eugene Declercq[4], Renee Cramer[5], Melissa Cheyney[6], Timothy Fisher[7], Emma Butt[1], Y. Tony Yang[8], Holly Powell Kennedy[9]

# What Does Midwifery Integration Look Like?

Culture of interprofessional partnership (easy access to physician consultation and collaboration); including interprofessional education

Community and hospital midwives are represented in the state perinatal collaborative

Outcomes data are readily accessible

Birth centers are licensed, accredited, or meet equivalent standards

Midwives have admission and discharge privileges

Equal reimbursement; coverage for midwives/birth centers by all payers

State laws allow midwives to practice to the full extent of education & training, including prescribing all drugs and devices in their scope

Guidelines for safe, efficient, respectful transfer exist and are created through a collaborative process

Sustained growth of community midwives,BIPOC providers

Valuing midwifery and physician care as equals (right care at the right time philosophy)

All midwifery credential types recognized in your state and regulated according to the ICM standards

# Midwifery Integration HASN'T Been Achieved If....

Policy and practice founded on supervision rather than collaboration among colleagues

Hospitals in your region refuse community birth transfers

CNMs are licensed in your state but not CPMs and CMs

Midwives are privileged at your facility but function as an extension of physicians

Valuing or trusting one midwifery licensure type over another (CNM>CPM)

Hospital midwifery embraced but community birth is disparaged

Midwives in your region have a restricted scope of practice below their actual education and training

Midwives can't prescribe or access the medications they need to provide safe care

Insurers don't cover community birth (midwives not easily accessible to the public); or otherwise engage in unequal reimbursement

Patients receive disrespectful care or judgment when transferring to hospital from community birth setting

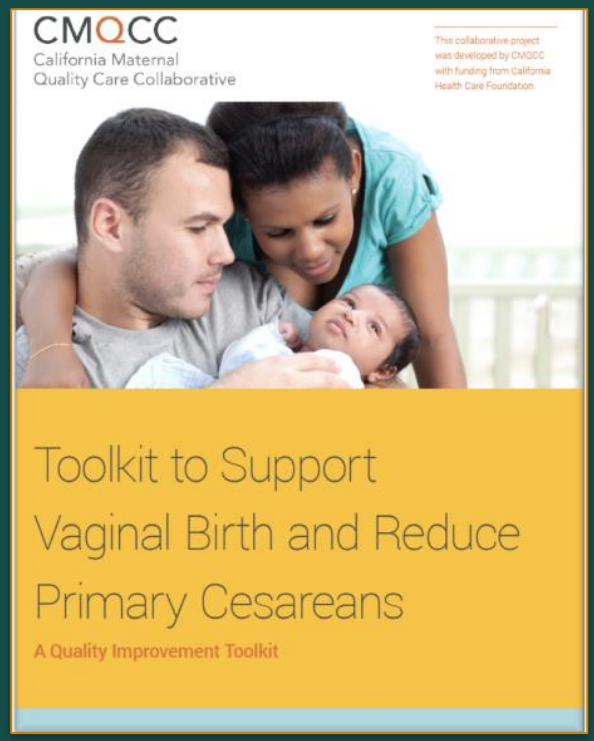
Refusal to believe that diverse care models are critical to addressing the root causes of health care disparities

# Zooming in on Considerations for Micro-level Integration (clinical and interprofessional levels)

# CMQCC Toolkit Strategies for Midwifery Integration at the Clinical Level

(Includes Administrative, Educational, and Clinical Strategies for your hospital)

- Are there midwifery-attended births at your facility or within your group?
- Do community birth midwives have privileges at your facility?
- Do your policies enhance collaborative partnerships, or do they rely on supervisory relationships?
- Do midwives lead QI projects at your facility?
- Is your department engaged in projects that improve safe, patient-centered transfer of care?
- Are you fostering a departmental culture that values reduced intervention and midwife-led care for low-risk birthing people?



For questions, contact me at Holly@MidwiferyRising.org