Introduction

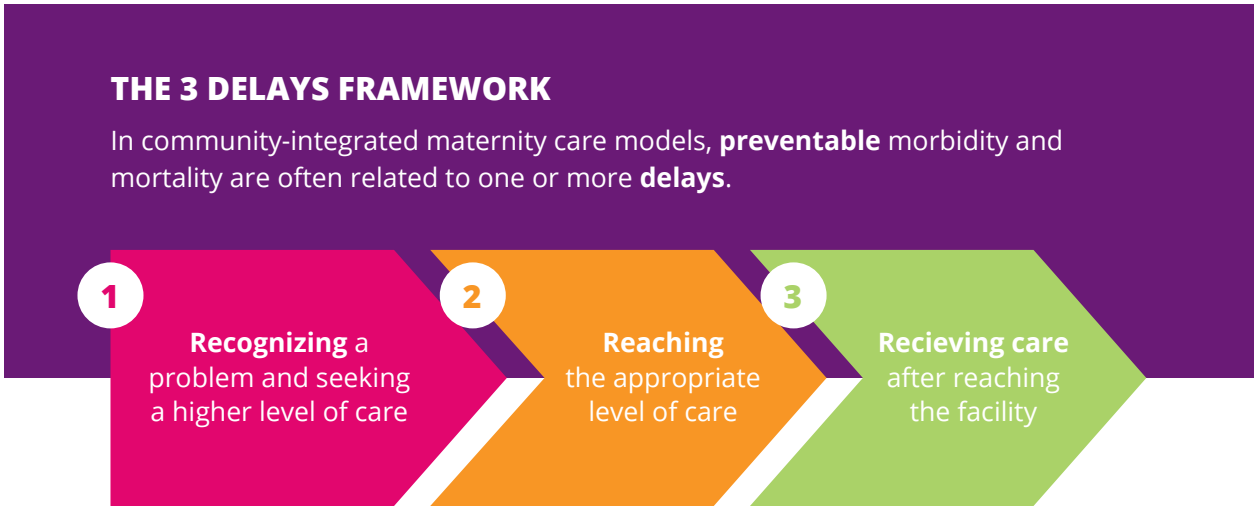
Families in the United States may give birth with a range of perinatal care providers in hospitals, freestanding birth centers, or homes. Regardless of birth location or care model, high-quality, safe care is essential to optimize perinatal outcomes. Creating systems that may facilitate collaboration in care, regardless of birth setting, is a fundamental component to improving the safety and quality of care provided to all patients.

In this resource kit, "community birth" refers to planned birth at home or in a freestanding birth center, most commonly in a midwifery model of care.

Framing Community Birth Transfer

Transfers from planned community births to hospitals when needed are an expected and important part of community birth. Whether because of evolving patient preference, clinical need, or for emergency care, appropriate and timely transfer of care requires the alignment of care team goals, centered in patient preferences and values. It should be noted that an increase in the rate of community birth transfers in a practice, community, or state may be a measurable result of transfer improvement work, as a focus on QI may increase awareness of conditions or facilitate processes that were needed but previously limited in clinical care.

Minimizing delays is essential when a need for transfer of care is identified. Delays in diagnosis and treatment, even within a hospital-based perinatal care setting of emerging clinical conditions, are the most consistent factors leading to maternal mortality and morbidity.[1] Delays may also present a risk in community birth settings, as modeled in the global health model describing contributing factors to maternal mortality, the Three Delays Framework:



To prevent all three types of delays, methods are needed to ensure appropriate assessment and decision making about initiating transfer to optimize safe and timely transport and to ensure hospital-based interventions are patient-centered and appropriate. Communication and teamwork across the continuum of care are crucial for minimizing delays and optimizing outcomes.[2]

Examples of Reports on the Need for Transfer Improvement

- **Utah Women and Newborns Quality Collaborative: Utah Planned Out-of-Hospital Births in Utah, 2013–2015: A Descriptive Review (includes recommendations, published 2018):** This report is the second in a series of reports on planned out-of-hospital (OOH) births in Utah. This report reviews trends and describes maternal and infant outcomes.
- **Oregon Community Birth Transfer Partnership: Community Birth Transfer Survey Report (includes recommendations; see p. 59 of Transfer Improvement Toolkit)**
- **U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, Office of Minority Health: Response to Request for Information Regarding Maternal and Infant Health Care in Rural Communities:** This transfer survey report (reflecting 119 survey responses) is rich with qualitative data reflecting family/consumer experiences of community birth transfer and hospital care. Themes and recommendations for improving community birth transfers are shared.

Midwifery Community Birth Providers

Families planning a community birth in the United States have options for care by a variety of community birth providers but are primarily cared for by midwives in a midwifery model of care. The Midwives Model of Care, as detailed by the National Association of Certified Professional Midwives, includes the following[3]:

- Monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle
- Providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support
- Minimizing technological interventions
- Identifying and referring women who require obstetric attention

The American College of Nurse-Midwives describes a Philosophy of Midwifery as follows:

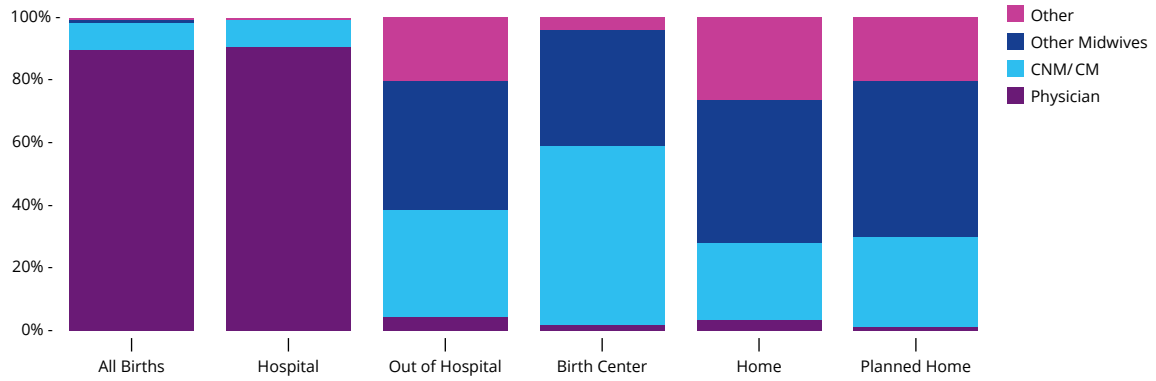
- Includes the full scope of health across the lifespan.
- Involves a continuous and compassionate partnership between persons seeking care and their health care providers.
- Recognizes the importance of interdisciplinary, collaborative care.
- Respects the individual's absolute right to bodily autonomy.
- Honors a person's expertise, life experiences, community, and historical knowledge.
- Includes methods of care and healing guided by research and best available evidence, centered on the individual's decisions, values, and preferences.

- Balances watchful waiting and support of physiologic processes with the appropriate use of interventions and technology.
- Involves therapeutic use of human presence and skillful communication.

Scope of practice, education pathways, and licensure for each provider and midwife type vary by state and are regulated in different ways. However, because the majority of community birth providers identify as midwives, this document refers to midwifery care throughout. Perinatal care for community birth settings may be provided by midwives holding various certification types and training types, such as licensed midwives, indigenous midwives, faith-community-affiliated midwives, and, less commonly, physicians.

Percentage of Births Attended by Physicians, Certified Nurse-Midwives (CNMs)/ Certified Midwives (CMs), and Other Midwives by Place of Birth, U.S., 2017

SOURCE: MacDorman and Declercq, 2019.



NOTES
Home: Does not include planned home births that were transferred to hospitals.
Planned Home: Does not include planned home births that were transferred to hospitals. Excludes data from California, which did not report the planning status of home births.

Other Community Birth Attendees

Doulas may also be present at community births. Doulas are trained professionals who provide continuous physical, emotional, and informational support before, during, and shortly after birth, but do not offer clinical care.[5,6] Midwifery students may also attend births, participating at various levels of care, but are supervised by the primary midwife. Some families choose a planned unassisted birth, or "freebirth," where there is no trained midwife or provider present. At planned unassisted births the attendees may be family members, friends, or other support people.

Freestanding Birth Centers

Freestanding birth centers refer to centers where births occur that are not co-located in a hospital perinatal setting or a patient's home. As with provider models and licensure in perinatal care, state and jurisdiction recognition and regulation of freestanding birth centers vary; some regions do not regulate or recognize them.

The American Association of Birth Centers stewards a multidisciplinary process to establish and maintain standards for care in freestanding birth centers and hospital-based birth centers. These standards form the basis of accreditation from the Commission for the Accreditation of Birth Centers, an independent, not-for-profit organization dedicated to birth center quality. The American Association of Birth Centers offers a best practice toolkit that includes model regulatory language that aligns licensure with birth center standards and accreditation.[6]

Birth Setting Choice and Risk-Appropriate Care

Risk-appropriate setting in perinatal care is an important concept to optimize patient safety and high-quality care. Comprehensive assessment of risk ensures that people who are pregnant and their fetus or neonate receive timely care from a professional who is prepared and has resources to meet the level of care needed.[7, 8]

Rather than a one-size-fits-all model, providers should partner with patients to assess the specific characteristics, values, and needs associated with each individual pregnancy and birth. These characteristics may encompass a range of factors, including maternal health history and current maternal medical and fetal conditions, patient preference, values, and social and structural drivers of health. The historical legacy of obstetric violence expressed though medical experimentation and abuse against Black, Indigenous, and other people of color (BIPOC), alongside present-day experiences of racism and bias in care can impact the sense of institutional trust and psychological and physical safety ascribed to various birth settings, especially for BIPOC patients.[9, 10]

Personal and societal historical and present-day factors mean that the process of birth setting choice and risk-appropriate care may often go beyond identifying individual patient risks; it involves a thorough consideration of multiple factors that together may result in compounded effects that influence the appropriate level of care required. Recognizing that patient-, provider-, environmental-, and system-level factors may all come into play in assessing risk is critical to determining the safest place for care and birth.

Hospitals providing perinatal care must continuously assess whether a facility provides the correct level of maternal and neonatal care to meet a patient's baseline and evolving needs. This assessment entails a holistic understanding of an individual's needs, as well as the capability and resources available to meet those needs. Similarly, a planned birth in a community setting should be evaluated in an ongoing way as a crucial aspect of risk-appropriate care.

Risk-appropriate care is best applied in a multifaceted and ongoing approach for all patients who plan to give birth. The approach should emphasize personalized risk evaluation and informed decision-making regarding selection of providers and birthing facilities, with awareness of resources available in each setting.

Patient Autonomy and Informed Decision Making

The principle of reproductive justice includes the "the human right to maintain personal bodily autonomy."[11] Respecting a pregnant person's right to bodily integrity and self-determination is a stated principle of midwifery associations and professional medical organizations involved in the provision of maternity care.[6, 12, 13]

Informed decision making is a reciprocal approach in which patients are provided with all pertinent information related to their health care and supported to choose the best options for themselves in accordance with their own values.[14, 15, 16] Among other things, these values may honor a person's cultural and religious beliefs and facilitate psychological safety.

Many organizations use the term "shared decision making" instead of "informed decision making" to describe the process of health care providers discussing information with patients to support them in making their own decisions. Some may interpret "shared decision making" as meaning that the ultimate decision reached is a shared responsibility between the health care provider and patient. The term "informed decision-making" clarifies that health care providers share information and support patients in making their own autonomous decisions, even if those decisions differ from provider recommendations. Although the term "informed decision making" is used in this resource kit, many resources may use the term "shared decision making." An approach that prioritizes patients accessing and discussing comprehensive information with health care providers about birth setting options and being supported in making autonomous, informed choices should be used in practice.

When applying this approach to decisions regarding birth settings and provider choice, health care professionals and patients should discuss patients' individual values and preferences, along with potential risks and benefits of each type of birth setting. While the professional brings expertise and clinical knowledge to the encounter, patients bring their own expertise and knowledge as well as their lived experience. This balance of expertise allows patients to engage in dialogue about their options and ask questions to support an autonomous, informed decision about the setting of care that best aligns with their individual needs and goals.[16]

In seeking to facilitate balanced dialogue regarding birth setting choice, it is important to recognize the imbalance of power between patients and providers that exists across care models. This imbalance is even greater for patients who have one or more historically marginalized identities and acts as a barrier to actualizing patient autonomy in birth setting decisions. It can also influence a patient's preferences and choices regarding birth settings.

All who are seeking to optimize community birth transfers should critically analyze the ways in which patients and their support networks are empowered or disempowered in the decision-making process and the ways that race, sex, gender, disability, language, and other identities impact how patients' autonomy is realized. This analysis should result in an active effort to seek methods and strategies to provide more equitable care and patient communication: ideally it should encourage individual providers to continuously examine their own personal racist ideas and biases. Every person in a care team should seek personal and professional education and hold each other accountable in working toward antiracism and an increased understanding of structural and social limitations to fully integrating equity into care.

The right to select a birth setting, including a planned birth at home or in a freestanding birth center, is supported by both national and international maternal-child health organizations. The American College of Nurse-Midwives' position statement on planned home birth asserts that "every woman has a right to shared decision-making regarding place of birth, and planned home birth should be accessible to healthy women who desire to give birth at home."[12] While ACOG maintains that hospitals and accredited birth centers are the safest settings for birth, the ACOG Committee Opinion, Planned Home Birth, states that "each woman has the right to make a medically informed decision about delivery."[13]

The guidance also identifies several factors specific to home birth that are critical to reducing perinatal mortality rates and achieving favorable home birth outcomes, including the following:[13]

- The appropriate selection of candidates for home birth
- The availability of a certified nurse-midwife, certified midwife, or midwife whose education and licensure meet International Confederation of Midwives' Global Standards for Midwifery Education, or a physician practicing obstetrics within an integrated and regulated health system
- Ready access to consultation
- Access to safe and timely transport to nearby hospitals

A 2020 report on birth settings from the National Academies of Sciences, Engineering, and Medicine found that the safety of risk-appropriate community maternity care and birth offered specifically by a range of midwifery providers has been shown to be optimized when:[6]

- midwives are able to practice the midwifery model of care and to their full scope;
- midwives have legal access to medications and equipment as well as ongoing training;
- midwives are integrated into health care systems and integrated and valued as part of the team;
- midwives and health system team members establish functional systems for consultation, collaboration, and transfer of care; and
- all provider types participate in QI efforts.

Resources for Patient Education on Risk-Appropriate Care

- **Board on Children, Youth, and Families; Institute of Medicine; National Research Council: Assessment of Risk in Pregnancy, in** An Update on Research Issues in the Assessment of Birth Settings: Workshop Summary: This workshop summary shares research findings of the effects of maternal care services in various birth settings.
- **Midwives' Association of Washington State:** Indications for Discussion, Consultation, and Transfer of Care in Home or Birth Center Midwifery Practice.: This document provides a list of conditions that a midwife may encounter in practice and intended to be used as a screening tool.
- Alaska Birth Transfer Initiative: This slide deck includes risk factors associated with maternal and neonatal transfer (slides 16 and 18).
- **Risk selection for appropriate community birth candidates:**
  - **Oregon Community Birth Transfer Partnership:** Transfer Improvement Toolkit: Appendix C: Family/Consumer Research and Feedback (p. 43)
  - Utah Women and Newborns Quality Collaborative Out of Hospital Births Committee (reasons for community birth transfer)
- **Primary Maternity Care:** Hospital Guide to Integrating the Birth Center Model This guide collates tools, information, and resources for hospitals and health systems on integrating the freestanding birth center model. The resource includes steps for ensuring a prepared environment and birth team for each stage, including admission, second stage, birth, discharge, and transfer intrapartum, postpartum, or for newborn complications.

Examples of Reports on Birth Setting Choice

- **National Academies of Sciences, Engineering, and Medicine:** Birth Settings in America: Outcomes, Quality, Access, and Choice: This report examines various childbirth settings and associated outcomes within each.
- **National Partnership for Women & Families:** Improving Our Maternity Care Now: Four Care Models Decisionmakers Must Implement for Healthier Moms and Babies This report reviews characteristics of midwifery care, community birth settings, doula support, and community-led and based perinatal health worker groups as care models and lends recommendations for decision makers in the private and public sectors.
- **National Partnership for Women & Families:** Improving Our Maternity Care Now Through Community Birth Settings: This area of the report discusses the value of community birth settings across different communities.

Examples of Shared Decision-Making Tools

- **Agency for Healthcare Research and Quality:** The SHARE Approach: This webpage provides and overview of a 5-step process for shared decision making with associated implementation tools.
- **American College of Nurse-Midwives:** Position Statement: Shared Decision-Making in Midwifery Care: This statement highlights the role of the midwife to be involved in all stages of care and reviews elements related to implementation of shared decision making.
- **American College of Nurse-Midwives:** Position Statement: Planned Home Birth: This statement outlines affirming attributes for well women, under the care of qualified providers, obtaining safe births in all settings.
- **American College of Nurse-Midwives:** Midwifery Provision of Home Birth Services: This statement outlines shared responsibility and informed choice for a home birth and elements to consider.

Example Shared Decision-Making Position Statement

- **Midwives' Association of Washington State:** Position Statement on Shared Decision-Making: This statement delineates shared decision-making with informed consent and informed choice.

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