Readiness

Convene a Collaborative Team for Community Birth Transfer Improvement

Quality improvement work in health care relies on the input of all key stakeholder groups involved in the area of care being addressed. Convening and leading QI work may be best achieved by a perinatal quality collaborative or other state or regional QI team.

In establishing a QI team to optimize quality and safety of birth setting transfer, the following individuals and organizations should be included, although this list is not comprehensive:

Local, practicing clinicians from hospital and community birth settings

- Midwifery organizations
- Community members with lived expertise
- Community-based doulas
- Community organizations
- Birth center organizations
- Local or regional department(s) of health
- Perinatal and neonatal nursing and medical provider member organizations
- Hospital associations
- Medicaid and other payors
- First responder associations and personnel

Both hospital teams and community midwives should assess capacity and interest in taking on this shared QI work. The timing of a shared QI initiative should take these factors into consideration, as well as be planned around other facility and community factors, such as construction completion, leadership transitions, or new member training.

Assessing the status of care provided related to community birth transfer at an institution is an important first step to improving care. This assessment may include frequency, outcomes, barriers, and successes related to each transfer event. Relationships among internal and external team members involved in these processes should also be examined. Data may be collected through surveys, electronic medical record (EMR) audits, and chart reviews; ideally, patient perspectives on care received would also be included. See the **Reporting and Systems Learning** section for more information and examples.

Establish a Collaborative Workgroup and Plan

Hospitals, EMS, and community birth providers should engage with each other in active and proactive ways to develop transfer protocols, gather data, hold regular meetings to review data, solve problems, and build relationships. This engagement should include all community birth stakeholders, including doulas, childbirth educators, and community members with lived expertise, as noted previously. A communication list that includes midwives, community birth midwives and practices, and EMS providers in a community or service area should be determined to disseminate information in an inclusive manner. Ongoing communication is critical to disseminate protocols, especially when protocols are updated, and to encourage team members to fill out data collection tools, attend meetings where they participate in problem-solving, and become more familiar with community birth providers, community birth practices, and birth centers.

Clinical champions or leaders should be established for the QI team. A champion who works in the hospital setting and a champion who works in the community birth settings of care should be identified to work together as dyad QI team leadership. This dyad may model collaboration for the broader team and communicates the needs and accomplishments of the project to leaders in the hospital and the community, while providing leadership as the team sets priorities and plans to problem-solve together to optimize care.

The assembled QI team should work together to identify gaps in care and transfer processes, specific to the community served. These identified gaps may inform prioritization of the recommendations discussed in this resource kit as required for a community based on data and observed need. Once gaps or opportunities for improvement in processes have been identified, a comprehensive workplan should be outlined and implemented, which must include fundamental education for all team members.

This workplan should include a sustainability plan for involving new team members who join the hospital or community birth settings, and all education should, at minimum, address the scope of practice of all team members as well as communication and collaboration strategies. Finally, all developed protocols, policies, and guidelines (as described in the next subsection, Establish Birth Setting Transfer Protocols, Policies, and Guidelines), should include an education and dissemination plan for all stakeholders, including patients.

Using This Resource Kit to Build a Workplan

Recommended Workplan Component	Resource Kit Section and Subsection
Establishment of workgroup	Readiness: Convene a Collaborative Team
Dissemination of information plan	Readiness: Establish a Collaborative Workplan
Gap analysis	Readiness: Establish a Collaborative Workplan
Goal setting and workplan design	Readiness: Establish a Collaborative Workplan
Design of policy, materials, and evaluation plan	Readiness: Establish Birth Setting Transfer Protocols, Policies, and Guidelines
Initial education plan	Readiness: Care Team Education

Using This Resource Kit to Build a Workplan (Con't)	
Recommended Workplan Component	**Resource Kit Section and Subsection**
Ongoing education plan	Readiness: Care Team Education
Drills and simulation training	Recognition and Prevention: Drills and Simulation
Integration of sustainability	Readiness: Establish a Collaborative Workplan
Integration of equity considerations in each step	Respectful, Equitable, and Supportive Care: Provide Education and Training to Health Care Professionals on Health Equity and Respectful Care
Integration of trauma-informed care considerations in each step	Respectful, Equitable, and Supportive Care: Apply Trauma-Informed Care Concepts for Patients, Their Identified Support Network, and Staff
Dissemination to all stakeholders	Readiness: Establish a Collaborative Workplan
Collection of data	Reporting and Systems Learning: Collect and Monitor Data to Identify Areas for QI
Chart review planning	Reporting and Systems Learning: Perform Multidisciplinary Reviews of Transfers per Established Criteria to Identify Systems Issues
Amendment to processes, policies, and education	Response: Initiate Protocols, Policies, and Guidelines for Safe Transfer of Care when Indicated

Establish Birth Setting Transfer Protocols, Policies, and Guidelines

Developing protocols for transfer can best be accomplished by collaborative QI teams, with the goal of instituting the protocols across all hospitals of transfer involved in the process and including community birth providers. Preparations for birth transfers, including protocols, policies, guidelines, and supporting checklists, help to open lines of communication and contribute to a shared mental model among all providers caring for perinatal patients. These pathways and planning are critical to optimize patient safety and provide high-quality care.

Transfer protocols established by the collaborative QI team for the community should offer guidance on roles, expectations, communication, and management of patient records. Several state and regional QI teams have designed resources that can be adapted or referenced to support planning for transfer of birth settings. A community birth transfer QI team ideally should use frameworks and considerations from existing resources to create and implement agreed-on guidelines or protocols. Clinicians and other stakeholder expert teams may then determine how to adapt the resources to best support their own communities and populations.

The key elements of a safe transfer involve:

- Making the decision to transfer and communicating that decision to facility provider/staff,
- Stabilizing and preparing the patient for the transfer
- Choosing the appropriate mode of transfer (i.e., nonemergency or emergency transfer, involvement of EMS, personnel who should accompany the patient, and equipment and monitoring required during the transfer)
- Providing psychosocial support of the patient and support network
- Documenting and transferring care of the patient at the receiving facility

These key elements should be part of every transfer to prevent adverse events that may severely affect outcomes, including patient and caregiver satisfaction. Preparation is key to ensuring that patients receive safe and respectful care at a time when the complexity of their pregnancy, birth, or postpartum experience has evolved and additional attention may be required to support transfers of care.

Teams can work with internal partners, such as emergency departments and hospital ancillary services, and external partners, such as EMS providers, to establish shared guidelines for the triage and transport of perinatal and neonatal patients. Teams can develop a care process model that provides guidelines to quickly and accurately identify patients who may benefit from transfer to a higher level of care. Additional tools, such as decision trees or process checklists to operationalize care process models may also be developed. As teams create a care process model, they should consider multiple clinical scenarios that may warrant safe stabilization and transfer, such as whether care is urgent or needed simply for access to a higher level of resources. Specific considerations in a model may include criteria for both CNM and physician receiving providers, direction admission versus triage needs, and admission to neonatal intensive care services versus newborn nursery or pediatrics for an infant in need of care. Once care processes and procedures have been developed and tested, teams should translate this information into formal guidelines. For further details on specific components of policies and guidelines (adapted from the Home Birth Summit), see the subsection Initiate Protocols, Policies, and Guidelines for Safe Transfer of Care when Indicated of the **Response** section of this resource kit.

Collections of Resources for Community Birth Transfer and Examples of Transfer Guidelines

➢ **Home Birth Summit**

Since 2009, Home Birth Summits have convened a multidisciplinary group of leaders to address the shared responsibility of the care of pregnant people who plan home births in the United States. The sponsoring organization continues this work via task forces on strategic initiatives that support safe and respectful care, improve interprofessional education, and facilitate research on choice, experience, and outcomes related to chosen place of birth. **See Best Practice Guidelines: Transfer from Planned Home Birth to Hospital for guidelines designed to facilitate the safe and respectful transfer of care.**

Collections of Resources for Community Birth Transfer and Examples of Transfer Guidelines (Con't)

- **Foundation for Health Care Quality:** Smooth Transitions
  Smooth Transitions is a Washington state-based quality improvement program for improving the safety of hospital transfers for planned community-based births. Smooth Transitions incorporates community midwives, hospital providers and staff, doulas, patients, and emergency medical services (EMS) personnel to build a collaborative model of care that centers birthing families. Smooth Transitions provides presentations to hospitals, assists with transfer protocol development, facilitates interdisciplinary meetings focused on transfer and relationship building, and collects qualitative transfer data through online surveys that inform the program. Smooth Transitions provides direct support to hospitals, doulas, EMS personnel, and community midwives participating in the program. The Smooth Transitions staff consults with perinatal quality collaboratives and organizations in other states interested in engaging in community birth transfer improvement.
- Alaska Perinatal Quality Collaborative Birth Transfer Initiative
  The Alaska Perinatal Quality Collaborative created a multidisciplinary advisory committee focused on improving maternal and neonatal transfers from planned community births, including home and birth center births, as Alaska has the highest proportion of community births in the United States. This initiative was adapted with permission from Smooth Transitions. Initiative activities included establishing local transfer committees, developing standardized transfer protocols and forms, and promoting protected case reviews for systems improvements. **See** Best Practice Guidelines for Transfers from Community Births.
- **Maine Center for Disease Control and Prevention:** Best Practice Recommendations for Handoff Communication During Transport from a Home or Freestanding Birth Center To a Hospital Setting
  The Maine Center for Disease Control and Prevention developed this document to "provide a uniform standard to guide communication across settings and professionals caring for women and newborns that are transferred from a home or freestanding birth center to a hospital setting."
- Oregon Community Birth Transfer Partnership
  Building on the work of the Oregon Midwifery Council, a statewide multidisciplinary committee came together to review the culture and process for community-birth-to-hospital transfers in Oregon. Recommendations are summarized in the Oregon Community Birth Transfer Partnership Transfer Improvement Toolkit. The toolkit is designed to improve the transfer process. The Oregon Perinatal Collaborative, the Oregon Midwifery Council, and Comagine Health continue supporting hospital teams, midwives, and birthing individuals and their families in this area.

Collections of Resources for Community Birth Transfer and Examples of Transfer Guidelines (Con't)

- **Utah Women and Newborns Quality Collaborative:** Out of Hospital Births Committee
  The Utah Women and Newborns Quality Collaborative Out of Hospital Birth Committee adapted the Home Birth Summit national best practice guidelines to create a set of Utah Best Practice Guidelines: Transfer to Hospital from Planned Out-of-Hospital Birth. The Utah Best Practice Guidelines reflect existing regional policies and health care provider experiences. The guidelines include content for midwives, hospital providers and staff, hospitals and hospital systems, and doulas.

Provide Education on Best Practices for Transfer of Care

Communication and Collaboration

Collaboration is an essential component of safe and effective perinatal care and includes communication and teamwork. As noted in ACOG's Guidelines for Perinatal Care, "Patient-centered and family-centered care, open communication, and teamwork provide the foundation for optimal patient care and safety."[1] Such care should be the focus of all team members, regardless of qualifications, setting of care provided, or role. When communication is provided in a mutually respectful manner among all disciplines and team members, it may foster psychological safety and encourage team members to give and share information.[2] Respectful discourse and interactions that acknowledge the unique and crucial contributions each team member—including hospital providers, community birth midwives, and patients themselves—brings to each step of patient care is foundational to providing safe, high-quality care.

Curricula such as **TeamSTEPPS** have been developed to promote patient safety and quality in care for a variety of health care teams and settings.[3] These curricula include elements and resources that can be adapted and used in training to support effective team-based communication. Some of the resources described here may not be specifically related to birth setting transfer or community birth, but they include best practices that can be adapted to support essential concepts for provider-to-provider and provider-to-patient interactions.

Resources for Community Birth Transfer and Communication Tools

- **Agency for Healthcare Research and Quality:** TeamSTEPPS
  TeamSTEPPS is a set of teamwork tools intended to improve patient outcomes by improving communication and teamwork skills among health care teams, including patients and family caregivers.
- **Ariadne Labs:** TeamBirth
  TeamBirth supports open communication among patients, their support people, and clinicians during birth. The TeamBirth approach incorporates structured huddles and a shared planning board for shared decision making and is intended to provide individualized respectful care.

Resources for Community Birth Transfer and Communication Tools (Con't)

- **Home Birth Summit:** SBAR [Situation, Background, Assessment, Recommendation] Script for Phone Call Received re: Transfer from Home Birth: This one-page script provides an SBAR-based guide for hospital staff transfer calls from home births.
- **Foundation for Health Care Quality:** Smooth Transitions WA state-based quality improvement program enhancing the safety of hospital transfers from home or freestanding birth centers. Scripted protocol guides that can be modified:
  - Template Protocol: Hospital Transfer from Planned Community Birth
  - Template Protocol: Early Discharge for the Newborn
  - 911 Protocol for Community Midwives
- **American Association of Birth Centers Toolkit:** Coordination + Collaboration with EMS for Safe, Timely Transfer: This toolkit is designed to help facilitate safe emergency transport between birth centers, collaborating hospitals, and local EMS systems through active engagement and teamwork. The toolkit includes recorded webinars, learning modules, templates, example documents, and more.
- **Primary Maternity Care:** Step Up Together Action Collaborative for Birth Centers and Their Partner Hospitals The Step Up Together Action Collaborative is designed for birth center and hospital dyads that are invested in improving their collaboration, emergency preparedness, and transfer process. The program provides the information and resources necessary for participants to plan, conduct, and debrief a full transfer drill that begins at the birth center, travels by emergency transport, and ends in the hospital.

Care Team Education

The following sections identify aspects of needed education for hospital providers and community-based midwives. Shared learning of these concepts is essential to success in any QI initiative and may build trust and confidence in team members. Knowledge sharing within and among teams creates a consistent mental model for all patient care. Ideally, education and learning take place in shared educational sessions.

To facilitate transfer of care, all team members should receive education on the following content:

- The scope of practice and role of each member of the EMS, hospital, and community birth teams involved in the transfer process,
- Most common reasons or conditions precipitating birth setting transfer,
- Recognition of and response to conditions that indicate need for transfer to setting with appropriate level of care,
- Best practices for clear communication among all team members, including use of situation, background, assessment, and recommendation (SBAR) technique or other formal methods for providing essential information in the transfer process,
- Strategies for successful collaboration as a team, with patients and their identified support network included as expert team members.

All team members, regardless of practice setting, should be able to work together cohesively during community birth transfers. To work collaboratively, each health care provider should have a clear understanding of the practice scope and standards of the other providers involved, the best practices for community birth transfers, and the levels of care available in each setting the patient moves through during a transfer. Steps should be taken to ensure that hospital-based and community-based care providers receive ongoing education and that new team members receive education on processes and policies to ensure the sustainability of QI practices.

Examples of Community Midwife Practice Standards

- **Midwives Association of Washington State (MAWS)**: This webpage includes a downloadable copy of the MAWS Standards for the Practice of Midwifery published in 2002.
- **Oregon Midwifery Council (OMC):** This guideline provides a review of OMC community practice standards and best practice guidelines.
- **Best Practice Guidelines: Transfer from Planned Home Birth to Hospital | Home Birth Summit:** This statement from the Collaboration Task Force of the Home Birth Consensus Summit provides practice guidelines for transfer from planned home birth to hospital.

Examples of Midwifery Integration

- **California Maternal Quality Care Collaborative: Quality Improvement Webinar on Midwifery Integration:** This webinar recording features panelists discussing the meaning and importance of midwifery integration for quality improvement in perinatal care.
- **American College of Obstetricians and Gynecologists: Collaboration in Practice Implementing Team-Based Care:** This task force report provides a framework across all disciplines and specialties, to develop team-based care.

Example of Provider Education

- **Journal of Midwifery & Women's Health: Catalyzing Collaboration Among Interprofessional Birth Transfer Teams Through Simulation The Utah Women and Newborns Quality Collaborative and LIFT Simulation Design Lab** developed and piloted an interprofessional birth transfer simulation training. This paper examines the feasibility and effectiveness of interprofessional birth transfer training.

Examples of Provider Education (Con't)

- **HiveCE: Transfer Tools for Midwives, EMS, and Hospital Providers**
  This online interprofessional education encompasses methods for improving home birth- and birth-center-to-hospital transfers, communication skills, clinical best practices, simulated scenarios, and more to improve transfer processes.
  Note: Paid resource, discounts available

- **Oregon EMS and Trauma Systems Webinars**
  These free webinars are offered by Oregon Emergency Medical Services, Oregon Health Authority, and the Oregon Midwifery Council. Webinar topics include **Working with Community Midwives for Smooth Home Birth Transfers** **and** **Improving Outcomes for Prehospital Labor and Delivery.**

- **American Association of Birth Centers: Birth Center Onboarding Training—Providers**
  (See the clinical training module Birth Center Transfer and Transport: Optimal Practice for Safe and Satisfying Transitions of Care) This training module provides birth center providers information on types of transfer, the importance of collaboration with EMS and hospital-based providers, and best practices for continuous transport quality improvement. It is intended for clinical and nonclinical birth center team members.
  Note: Paid resource

- **Primary Maternity Care: A Birth Center Primer for Hospital Leaders: Achieving Seamless Collaboration and Advancing Equity Through Community-Based Care**
  This six-part webinar series is intended to help hospital leaders develop a strategy to strengthen their relationships with freestanding birth centers in their communities or to participate in establishing a center. Topics include assessing readiness and centering equity in the hospital's birth center strategy, developing eligibility criteria and collaborative care guidelines, designing transport workflows, maximizing collaboration across facilities, and more.
  - **Session 1:** Assessing Readiness and Centering Equity in Your Hospital's Birth Center Strategy
  - **Session 2:** Developing Eligibility Criteria and Collaborative Care Guidelines

- **Foundation for Health Care Quality: Smooth Transitions**
  - **Infographic: Licensed Midwifery in Washington State:** This 2-page infographic introduces the role of Licensed Midwives (LMs) in Washington State to those who are not familiar with LMs.
  - **Scope of Practice for Licensed Midwives in Washington State:** This document details the scope of practice for Licensed Midwives in Washington State.
  - **Smooth Transitions Template Protocol: Hospital Transfer from Planned Community Birth:** This customizable protocol template can be tailored by hospitals to clarify the transfer process.
  - **Perinatal Transfer Committee Initial Meeting—Sample Agenda:** This sample agenda and accompanying slide deck (found under "Perinatal Transfer Committee Meeting Tools") provide examples of items that could be discussed at the first meeting of a newly-formed Perinatal Transfer Committee.

Example of Provider Education (Con't)

- **Smooth Transitions Overview Video:** This video provides an overview of the Smooth Transitions program components including co-creation of transfer protocols and establishment of a Perinatal Transfer Committee.
- **Oregon Community Birth Transfer Partnership**
  Tips for Welcoming Community Birth Transfers (p. 34, Transfer Improvement Toolkit): This list of tips provides guidance for fostering a welcoming environment for community birth transfers in hospital settings.
- **Alaska Perinatal Quality Collaborative Birth Transfer Initiative:**
  Alaska Birth Transfer Guidelines Template (Downloadable from resource list)
  This downloadable template can be customized by hospitals to clarify the details of the community birth transfer process.
- **Primary Maternity Care: Hospital Guide to Integrating the Freestanding Birth Center:**
  This guide includes a Birth Center Stakeholder Planning Map, a tool used to systematically assess the potential interests and concerns of birth center stakeholders.

Patient Education

Informed decision making is built on transparency and education. People giving birth have the right to respectful, safe, and seamless consultation, referral, transport, and transfer of care when necessary. Interprofessional dialogue ensures that those receiving care are prioritized and fully engaged with a clear understanding of the risks and benefits associated with decisions. It is imperative that community and hospital providers provide education on processes in place in the event of a hospital transfer.[4]

Preparing individuals to give birth in the community setting should include providing information about hospital care and procedures that may be necessary. Creating a birth plan with hospital preferences, if a transfer occurs, can assist families in making informed decisions about their care processes. Sharing key aspects of the transfer process before labor can aid in reducing concerns. It may be helpful to provide an overview of the transfer process (including the potential reasons for transfer and modes of transfer), communication protocols in the hospital, roles of family members and support people during the transfer process, and role and scope of the community birth midwives after transfer to the hospital.[5] Education should include how care plan updates will occur and plans for care after discharge from the hospital.[5]

Financial considerations related to possible hospital transfer should be discussed, particularly if the cost of transfer may present a barrier to the patient receiving needed care.

Familiarity with the hospital environment might reduce a patient's anxiety about a potential transfer. Patients may be encouraged to take a tour of the hospital, virtually or in person, that would most likely be a facility of transfer if needed either in labor or postpartum. Patients may also be provided with documents developed by the hospital that explain the care it offers. The patient's birth preference documents should include a plan specifically for hospital transfer. Reviewing this plan together provides another opportunity to check in with patients about any concerns about the possibility of transfer.

Many patients use online tools to develop their birth preferences. These plans may include language about routine hospital-based interventions, including induction, augmentation, epidural use, cesarean birth, and other interventions that patients might have been hoping to avoid by planning to give birth at home or in a birth center. During education and discussions with patients, it is important to highlight that these interventions may be appropriate and even desired in the event of a transfer.

Any discussions with patients, whether involving community birth midwives or hospital care team members, should emphasize that **transferring to the hospital is *not* a failure.** Transfer in any type of healthcare is about accessing appropriate tools and levels of care, beyond what would be available otherwise, at the right time to optimize quality and safety of care.

When the patient nears 37 weeks of gestation, community birth providers may consider the following:

- Recommend that patients pack a hospital bag in case a transfer is indicated. Transfers can be hectic, even if they are not emergencies, and having one less thing to do at that moment may be helpful.
- Review in detail the plan for transfer and emergency situations.
- Review the planned birth location to evaluate EMS accessibility. This topic has the potential to be stressful, so discussion may provide an opportunity to convey how well prepared the providers are to handle transfer events.
- Clarify roles and responsibilities in the event of a transfer, including receiving provider communication, how records and information will be shared with the hospital provider and staff, whether members of the community birth team will stay at the hospital, and what role the community birth team will play following transfer.
- Discuss the course of care after discharge from a hospital if admission is needed.

The resources below offer guidance to support these sometimes difficult, yet important conversations with patients. Some are tools to weave in and share during these discussions, while others describe larger QI programs that target this work.

Examples of Practice Preparations for Community Birth Transfer

- **Midwives' Association of Washington State:** Indications for Discussion, Consultation, and Transfer of Care in Home or Birth Center Midwifery Practice
  This document can be used as a screening tool to distinguish between low-risk and higher-risk patients. It aims to enhance safety and promote midwives' accountability to their patients.
- Oregon Community Birth Transfer Partnership
  - **Sample Community Midwife Hospital Transfer Plan (p. 41, Transfer Improvement Toolkit)** This transfer plan can be used to inform patients about what emergency and non-emergency transports are and the partnering hospitals.
  - **Sample Hospital Transfer Worksheet (p. 42, Transfer Improvement Toolkit)** This worksheet can be filled out by patients to communicate questions and concerns about birth transfers and their preferred hospital if a transfer becomes necessary.

Examples of Practice Preparations for Community Birth Transfer (Con't)

- **Maine Center for Disease Control and Prevention:** Best Practice Recommendations for Handoff Communication During Transport from a Home or Freestanding Birth Center to a Hospital Setting
  - **Role of the Mother (p. 7):** This guidance provides recommendations for the role of the patient in the transfer process.
  - **Role of the Transferring Midwife or Physician (p. 8):** This guidance provides recommendations for the role of the transferring midwife or physician in the transfer process.
- **Foundation for Health Care Quality:** Smooth Transitions Preparing Clients for Hospital Transfers: A Guide for Community Midwives: This guide reviews considerations for community midwives before, during, and after a transfer.
- **Utah Women and Newborns Quality Collaborative Out of Hospital Birth Committee**
  - Infographic **(types of midwives):** This infographic provides an overview of the types of midwives in Utah.
  - Infographic **(doulas):** This infographic provides an overview of the role of doulas in the United States.
  - Transfer Guideline Template: This template can be customized to provide details on the transfer process and post-transfer communication needs.

References

[1] Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for Perinatal Care. 8th ed. Elk Grove Village, IL: AAP; Washington, DC: ACOG, 2017

[2] Interprofessional Education Collaborative. Interprofessional Core Competencies for Interprofessional Collaborative Practice: Version 3. Accessed March 27, 2024. https://www.ipecollaborative.org/assets/core-competencies/IPEC_Core_Competencies_Version_3_2023.pdf

[3] Agency for Healthcare Research and Quality. TeamSTEPPS. Accessed March 27, 2024. https://www.ahrq.gov/teamstepps-program/index.html

[4] Lothian J. In This Issue—Making Home Birth Even Safer for Mothers and Babies. J Perinat Educ. 2017;26(1):3-6. doi: 10.1891/1058-1243.26.1.3

[5] Birth Place Lab. Best Practice Guidelines for Interprofessional Collaboration. Accessed March 27, 2024. https://www.birthplacelab.org/best-practice-guidelines-for-interprofessional-collaboration/