Recognition and Prevention

Drills and Simulation

A major predictor in the safety and quality of a transfer is how well health care providers, including community birth, in-hospital, and EMS providers, can collaborate and communicate.[1, 2] Drills and simulations help reinforce team culture and improve communication among all members of the care team. As stated by ACOG, "Effective drills may lead to improved standardization of response, health care provider satisfaction, and patient outcomes."[3]

Multidisciplinary drills provide an opportunity for a team to build trust, rapport, and a shared mental model in a safe environment. Simulation that extends outside of a hospital birth setting to community settings may also allow for testing of processes and planned procedures and adjustments to those plans, based on information gathered. In situ drills, which take place in actual settings of care—for example, transfer from a freestanding birth center to a hospital—allow testing of facilities and equipment such as ramps, stretchers, and doorways outside of an emergency.[4]

Planned drills and simulation should be built into the QI teams' workplan to improve safety and quality in community birth transfer (as discussed in the **Readiness** section). Clinical scenarios should be realistic and aligned with common community transfer needs. Representation should be present for all of those that may participate in a community birth transfer, including but not limited to the following people:

- Hospital care teams, including certified nurse-midwife, physician, and nursing team members
- Hospital emergency medicine, anesthesia, or critical care team members
- Other hospital units that may support a transfer, including respiratory therapy, blood bank and laboratory services, pediatric, and neonatology team members
- A variety of midwives and community birth providers, ideally from multiple practices and disciplines
- EMS and first responders, including emergency services dispatchers
- Simulated patients and support network, such as partners, family, or doula
- People with lived expertise in advisory roles

Shared debriefing following each session is essential to establish what went well and what would benefit from improvement, as well as to assist in planning future shared interprofessional learning activities. Debriefs should model and follow practices used after actual transfers. See the **Reporting and Systems** Learning section for more details on debriefing after drills.

Resources for Birth Transfer Simulations

- **Journal for Midwifery & Woman's Health:** Interprofessional Communication and Collaboration During Emergent Birth Center Transfers: A Quality Improvement Project. Report of a quality improvement project including simulation with tables including phases of project and education sessions, using a plan-to-do-study-act model.

Resources for Birth Transfer Simulations (Con't)

- **Journal for Midwifery & Woman's Health:** Catalyzing Collaboration Among Interprofessional Birth Transfer Teams Through Simulation: Describes a pilot of an interprofessional simulation scenarios, as well as photos of an in process simulation.
- **American College of Obstetricians and Gynecologists: Commitee Opinion No. 590,** Preparing for Clinical Emergencies in Obstetrics and Gynecology.

Provide Patient Education on Signs and Symptoms During Pregnancy and Postpartum and When to Seek Care

Community birth midwives routinely assess clinical and social risk factors at the intake visit and continuously throughout prenatal, birth, and postpartum/newborn care to determine appropriateness for community birth care. Communicating about risk status with a pregnant person includes education about the dynamic nature of risk and the importance of communication about emerging symptoms that may require obstetric consultation or transfer to a higher level of care. As in any setting, patients need clear education about early warning signs of serious and potentially life-threatening complications. In community birth models, this education is frequently provided as part of standard prenatal and postpartum information packets, through patient portals and other digital tools, and in childbirth and postpartum/newborn classes that are commonly integrated into prenatal care offerings.

Education on signs and symptoms can indicate whether concerns may be addressed by community birth providers or warrant consultation, transfer, or referral to hospital-level or physician specialist care. Education opportunities should be extended to the pregnant or postpartum person's support network, which may include partners, family, friends, and doulas. Patient education materials are available online and in multiple languages; they can be provided to patients or posted in offices and birth center areas.

Examples of Patient Education Materials for Urgent Signs and Symptoms During Pregnancy and Postpartum

Patient Education Material	Costs Associated with Use	Available in Languages Other than English
Centers for Disease Control and Prevention: HEAR HER Campaign	No	Yes (multiple)
Association of Women's Health, Obstetric and Neonatal Nurses: POST-BIRTH Warning Signs	Yes	Yes (multiple)
AIM: Urgent Maternal Warning Signs	No	Yes (multiple)
National Maternal Mental Health Hotline	No	Yes (Spanish and English)

References

[1] Baayd J, Lloyd M, Garcia G, Smith S, Sylvester H, Clark E, et al. Catalyzing Collaboration Among Interprofessional Birth Transfer Teams Through Simulation. J Midwifery Womens Health. 2023;68(4):458-465. doi: 10.1111/jmwh.13497

[2] Danhausen K, Diaz HL, McCain MA, McGinigle M. Strengthening Interprofessional Collaboration to Improve Transfers Between a Freestanding Birth Center and an Academic Medical Center. J Midwifery Womens Health. 2022;67(6):753-758. doi: 10.1111/jmwh.13437

[3] Preparing for Clinical Emergencies in Obstetrics and Gynecology. American College of Obstetricians and Gynecologists. Obstet Gynecol 2014;123:722-725. 10.1097/01.AOG.0000444442.04111.c6

[4] Olvera L, Smith JS, Prater L, Hastings-Tolma M. Interprofessional Communication and Collaboration During Emergent Birth Center Transfers: A Quality Improvement Project. J Midwifery Womens Health. 2020;65(4):555-561. doi: 10.1111/jmwh.13076