

Transferring Smoothly: Out-of-Hospital Birth Transfers

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MATERNAL FETAL MEDICINE



The University of Utah

Department of Obstetrics & Gynecology

Transitioning Smoothly

Acknowledgement of two truths is necessary in order to have this conversation:

- 1. Women are going to continue to choose to deliver at birth centers and at home.
- 2. Women are occasionally going to need transfer to a hospital for management of complications / concerns.

Parents' Rights

Utah Code 58-77-304:

- “Parents have the right to deliver their baby where, when, how, and with whom they choose, regardless of licensure.”

Transitioning Smoothly

- The relative rarity of the event only makes the topic more relevant, because it is hard to do something really well, when we only do it occasionally.
- Integrated systems seem to be safest...we don't have one.

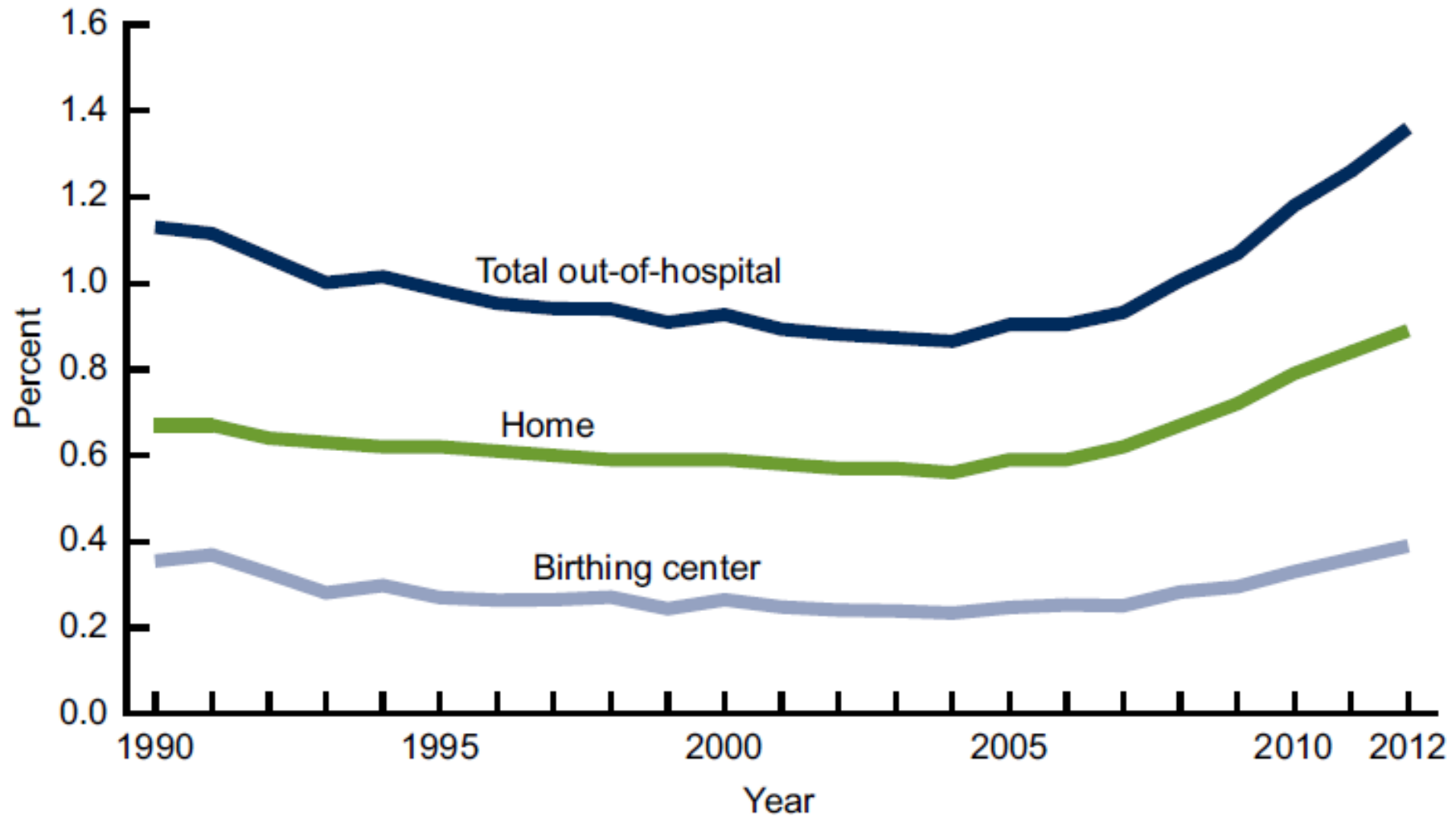
Objectives

- Discuss state and national trends in OOH birth
- Introduce Home Birth Summit & Utah Women and Newborns Quality Collaborative
- Review tools to promote safe transfers

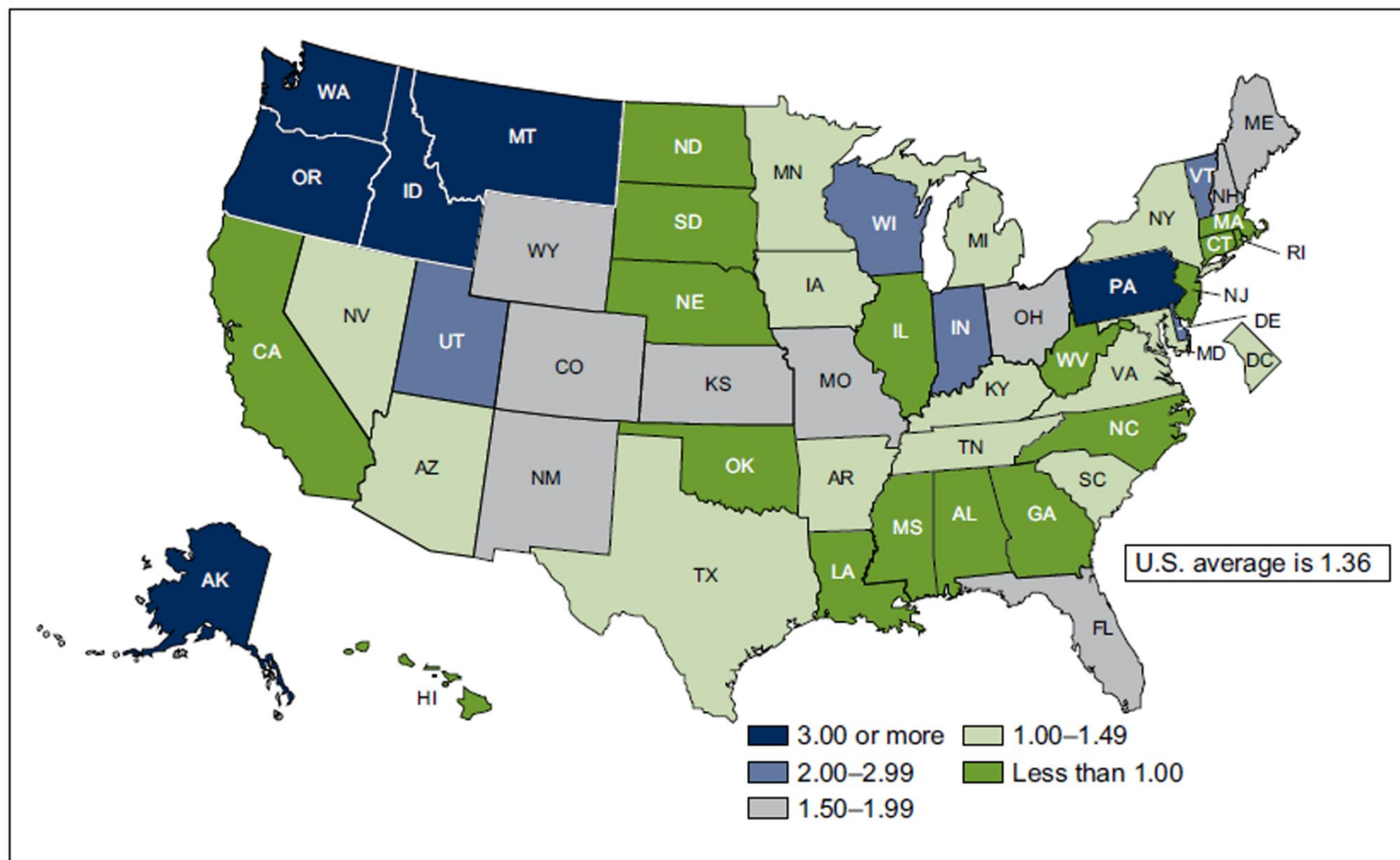


UWNQC
Utah Women & Newborns Quality Collaborative

Percentage of births occurring out-of hospital, 1990-2012



Percentage of births occurring out-of hospital, by state, 1990-2012



NOTE: Access data table for Figure 3 at: http://www.cdc.gov/nchs/data/databriefs/db144_table.pdf#1.

SOURCE: CDC/NCHS, National Vital Statistics System, birth certificate data.

Women Who Choose OOH Birth

ARE MORE LIKELY:

- AMA
- White
- Multiparous
- Educated
- Rural

ARE LESS LIKELY:

- Obese
- Prior cesarean

Organizations Working on This Issue

- Home Birth Summit (*homebirthsummit.org*)
- Utah Women and Newborn Quality Collaborative (*uwnqc.org*)

WHAT IS UWNQC?

Launched in November 2013, the Utah Women and Newborns Quality Collaborative (UWNQC) is a statewide collaborative built to improve maternal and neonatal outcomes.

1 in 10 infants are born prematurely each year.

35% of infants who were born to mothers reporting illicit drug use tested positive for illicit drugs at birth.

1 of every 53 births in Utah are planned home births.

The incidence of preeclampsia has increased by 25% in the US over the past two decades.

WHAT WE VALUE

Optimal Maternal & Neonatal Care

Quality Improvement

Collaboration

Data Sharing

WHO OUR EXPERTS ARE

Delivering Facility Partners

- Davis Hospital and Medical Center
- Dixie Regional Medical Center
- Intermountain Medical Center
- Jordan Valley Medical Center
- McKay Dee Hospital
- Arrivato Birth Services
- Beautiful Mountain Birth Suites
- Cyden Regional Medical Center
- St. Mark's Hospital
- Timpanogas Regional Hospital
- Utah Valley Regional Medical Center
- University of Utah
- Boherdinh
- BirchWise

State & Community Partners

- Utah Department of Health
- Utah Medicaid
- March of Dimes Utah Chapter
- AAP Utah Chapter
- AAPP Utah Chapter
- AQHM Utah Chapter
- ACOG Utah Chapter
- Utah Midwives Organization
- University of Utah Health Plans
- SASIS Healthcare

HOW CAN WE HELP YOU

Reduce Variability in Care

Improve Individual Outcomes

Increase Cost Effectiveness

Visit UWNQC.org for resources and to learn more!

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UWNQC Core Projects

- Prevention of recurrent preterm birth-Progesterone Project (17P)
- Neonatal abstinence syndrome (NAS)
- Transfers to hospital from home or birth center (Out-of-Hospital Birth)

Out-of-Hospital Birth Subcommittee: Mission

- 1) Analysis of the current state of out-of-hospital births in Utah
- 2) Identification of maternal and neonatal safety issues related to out-of-hospital birth transfers
- 3) Creation of tools to facilitate safe transfers
- 4) Identification of statewide action items



UWNQC

Utah Women & Newborns Quality Collaborative



HOME

ABOUT

PROJECTS

TEAM & PARTNERS

RESOURCES

CONTACT

Out-of-Hospital Births Resources

PROGESTERONE PROJECT (17P)

Our aim is to reduce the incidence of recurrent preterm birth by increasing the use of 17P so more eligible women receive appropriate treatment in Utah.

[Learn More](#)

NEONATAL ABSTINENCE SYNDROME (NAS)

Our aim is to adopt and implement a standardized algorithm in Utah for identification of the drug-exposed newborn and plan of care to minimize symptoms of withdrawal.

[Learn More](#)

OUT-OF-HOSPITAL BIRTH (OOH)

Our aim is to analyze the current state of out of hospital births in Utah and to create a statewide action items addressing the recognized safety issues.

[Learn More](#)

OB Hemorrhage Management

Our aim is to develop and strengthen strategies in Utah to prevent maternal death and improve maternal health outcomes.

[Learn More](#)

Informational Resources

- [Utah Best Practice Guidelines: Transfer to Hospital from Planned Out-of-Hospital Birth](#)
- [Three Questions Debriefing Form](#)
- [Midwife Infographic](#)
- [Home Birth Summit Best Practice Guidelines: Transfer from Planned Home Birth to Hospital](#)
- [Planned Out-of-Hospital Births in Utah, 2010-2012: A Descriptive Review](#)

Maternal Transfer Form

- [UWNQC Maternal Transfer Form \(Fillable\)](#)
- [UWNQC Maternal Transfer Form \(Printable\)](#)

Neonatal Transfer Form

- [UWNQC Neonatal Transfer Form \(Fillable\)](#)
- [UWNQC Neonatal Transfer Form \(Printable\)](#)

Hospital Specific Transfer Algorithms

- [Davis Hospital and Medical Center \(Layton, UT\)](#)
- [Intermountain Medical Center \(Murray, UT\)](#)
- [Jordan Valley Medical Center \(West Jordan, UT\)](#)
- [University of Utah Health Care \(Salt Lake City, UT\)](#)

Hospital Specific Transfer Referral Guides

- [Intermountain Medical Center \(Murray, UT\)](#)
- [Jordan Valley Medical Center \(West Jordan, UT\)](#)

First Report on Planned Out-of-Hospital Births in Utah

Planned Out-of-Hospital Births in Utah, 2010-2012: A Descriptive Review

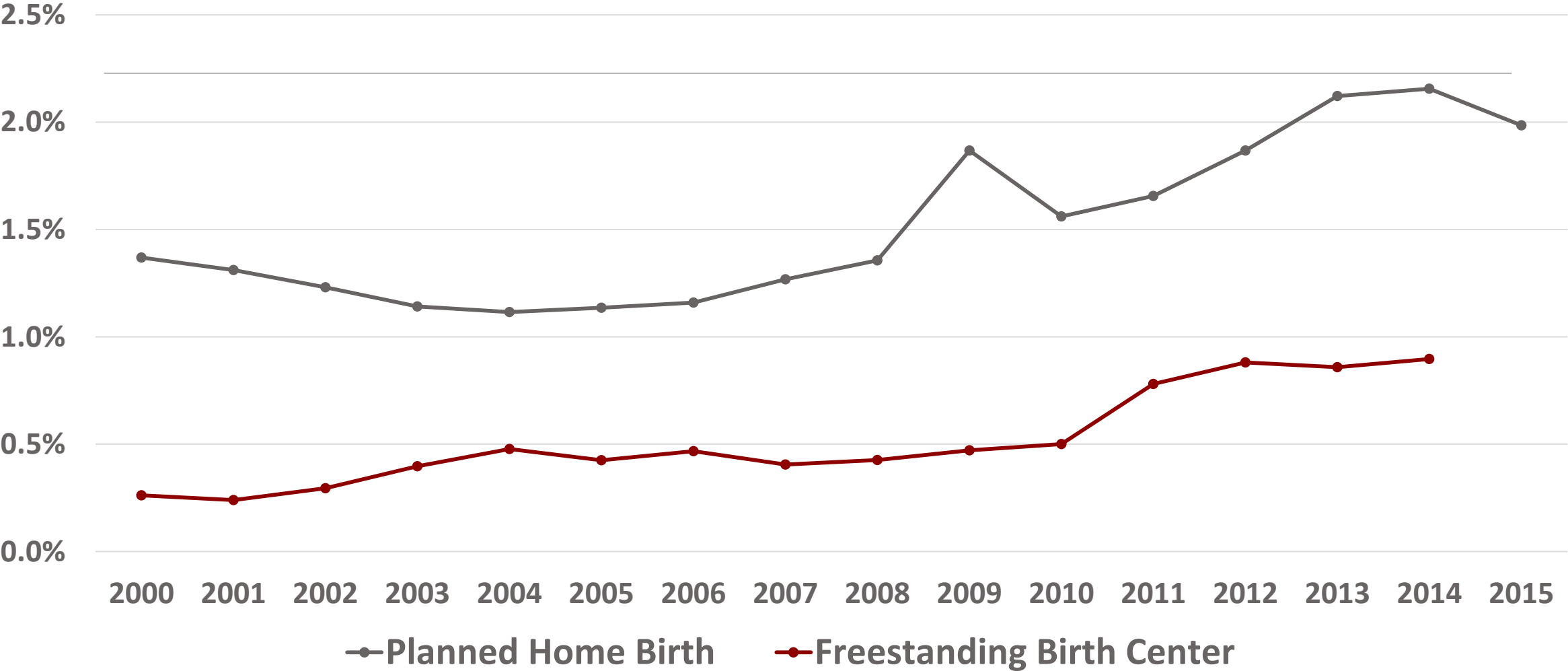
Utah Department of Health, Maternal Child Health Bureau

January 6, 2015

Background:

The U.S. Department of Health and Human Services recently published a data brief indicating that large changes in birthing patterns in the United States have occurred over the past century. In 1900, almost all births occurred outside a hospital, most of which occurred at home. This proportion fell to 44% by 1940 and to 1% by 1969. (1) Planned out-of-hospital (OOH) births are still relatively uncommon in Utah, but the trend is increasing (see Figure 1).

Planned Out-of-hospital Births, 2000-2015



Out-of-Hospital Birth Report, 2010-2012

- Descriptive statistics
- Notable limitations
 - Unable to identify intended out-of-hospital births who ultimately delivered in the hospital
 - Unable to identify intrapartum fetal deaths that occur in an out-of-hospital setting



Changes in the birth and fetal death certificates

Changes in Birth & Death Certificates

- Allows capture of intended out-of-hospital births that ultimately deliver in the hospital
- Oregon is the only other state to capture this information (unable to differentiate home vs. birth center)

☐ **Mother Transferred FROM ANOTHER BIRTHING FACILITY DURING LABOR/DELIVERY** (Hospital or Freestanding Birth Center)

If "Yes" Birthing Facility Name _____ State _____

Mother transferred **TO** a hospital from an attempted home birth

☐ During Labor

☐ Postpartum (within 24 hrs of delivery)

☐ Unknown

Snowden et al., NEJM, 2015

Transfer Forms: Maternal and Neonatal

- Communication tools
- Based on Home Birth Summit and work from other states
- SBAR format
 - Situation, Background, Assessment, Recommendation
- Field-tested in an iterative process

MATERNAL Transfer to Hospital Provider-to-Provider Report



Date: ____/____/____ Time: ____:____	Transfer from: <i>Birth Center/ Home Birth</i>
Patient Last Name: _____	Provider: _____
Patient First Name: _____ DOB: ____/____/____	Contact Number: (____) ____ - ____
Transfer to: _____	Facility Name: _____
Contact Name: _____	Contact Number: (____) ____ - ____
Contact Number: (____) ____ - ____	Fax: (____) ____ - ____
Hospital: Please send communication and discharge summary to the above "Transfer from" provider.	CURRENT STATUS
SITUATION: _____ _____ _____ _____	Membrane Status: <i>Intact/ SROM/ AROM</i> Date ROM: ____/____/____ Time ROM: ____:____ Fluid: <i>Clear/ Meconium/ Bloody</i> Fetal Status: Last Exam: _____ Baseline: _____ Variability: <i>Y / N</i> Accels: <i>Y / N</i> Decels: <i>Y / N</i> Monitoring: <i>Intermittent / Continuous</i> Labor Status: <i>No Labor / Early / Active / 2nd Stage</i> Last Cervical Exam: _____ Dil. ____ Eff. ____ Sta. ____ Pos. ____ Ctx Pattern: _____ Maternal VS Time: ____:____ BP ____ P ____ R ____ T ____
BACKGROUND: ____ y/o G ____ P ____ @ ____ weeks EDD: ____ by LMP: ____ or U/S @ ____ weeks Fetal Number: ____ Presentation: _____ Previous Cesarean? <i>Y / N</i> #: ____ Scar Type: <i>LTCS/ Other:</i> _____ Previous Vaginal Birth? <i>Y / N</i> #: ____ Previous VBAC? <i>Y / N</i> #: ____ U/S @ ____ weeks Findings: <i>NML/ Other:</i> _____ Placenta: <i>Anterior / Posterior / Previa / Low:</i> ____ cm from os. Pertinent History: (Current Pregnancy / OB History / Medical/ Surgical) _____ _____ _____ Meds/Supplements/Allergies: _____ _____ _____	LABS AND MEDICATIONS ABO/Rh: <i>A B AB O UNK Pos / Neg/ UNK</i> H/H: ____/____ PLTS: ____/____ UNK HIV: <i>Pos / Neg / UNK RPR: Pos / Neg / UNK</i> HepB sAg: <i>Pos / Neg / UNK</i> Rubella: <i>Imm / Non-Immune / Equiv / UNK</i> GBS: <i>Pos / Neg / UNK</i> Date: ____/____/____ ABX: <i>PCN / None / Other:</i> _____ > 4 hours: <i>Y / N</i> Intrapartum Meds: _____ _____ _____
Postpartum? Time of Birth: ____:____ Placenta Delivered? <i>Y / N</i> Time: ____:____	
EBL: ____ Lacerations/ Complications: _____	
ASSESSMENT: _____ _____ _____	
RECOMMENDATION: _____ _____ _____	
Method of Transport: <i>Private Car / Ambulance</i> ETA: ____:____ Place of Arrival: <i>ED/ L&D/ Postpartum Unit</i>	
Maternal Desires: _____	
Person(s) Accompanying Patient: _____	

NEONATAL Transfer to Hospital Provider-to-Provider Report



Date: ____/____/____ Time: ____:____	Transfer from: <i>Birth Center/ Home Birth</i>
Neonate: <i>Male / Female</i> Name: _____	Provider: _____
DOB: ____/____/____ TOB: ____:____	Contact Number: (____) ____ - ____
Mother's Name: _____ DOB: ____/____/____	Facility Name: _____
Father's Name: _____	Contact Number: (____) ____ - ____
Transfer to: _____	Fax: (____) ____ - ____
Contact Name: _____ Contact Number: (____) ____ - ____	
Hospital: Please send communication and discharge summary to the above "Transfer from" provider.	LAST NEONATAL VS
SITUATION: _____ _____ _____ _____	Time: ____:____ HR: ____ RR: ____ T: ____ SpO2: ____ Resp. Status: _____ APGARs: 1 min: ____ 5 min: ____ 10 min: ____ Feeding: <i>Y / N</i> Urine: <i>Y / N</i> BM: <i>Y / N</i>
BACKGROUND: ____ y/o G ____ P ____ @ ____ weeks EDD: ____ by LMP ____ or U/S @ ____ weeks Membranes: ROM Prior to Labor? <i>Y / N</i> Time: ____:____ Total ROM Time: ____ hrs ____ min Meconium: <i>Y / N Lt/ Mod / Thick</i> Resuscitation: <i>Deep Suction / Blow-by O2 / PPV/ Cardiac Compressions for ____ min</i> <i>/Other:</i> _____ Labor History: _____ _____ _____ Current Pregnancy History: _____ _____ _____	NEONATAL MEDICATIONS Eye Prophylaxis: <i>Y / N</i> Vit K: <i>IM / Oral / None</i> RISK FACTORS FOR INFECTION <i>Prolonged Labor / PROM / Maternal Fever</i> <i>/Fetal Tachycardia</i> GBS: <i>Pos/ Neg / UNK</i> Date: ____/____/____ ABX: <i>PCN/ None/ Other:</i> _____ > 4 hours: <i>Y / N</i>
Pertinent Maternal History (Medical/ Surgical/ OB): _____ _____ _____	MATERNAL LABS AND MEDICATIONS ABO/Rh: <i>A B AB O UNK Pos / Neg/ UNK</i> HIV: <i>Pos/ Neg/ UNK</i> HepB sAg: <i>Pos/ Neg/ UNK</i> Other Intrapartum Meds: _____ _____ _____
ASSESSMENT: _____ _____ _____	
RECOMMENDATION: _____ _____ _____	
Method of Transport: <i>Private Car / Ambulance</i> ETA: ____:____ Place of Arrival: <i>ER/ NICU/ Transition Nursery/ Peds Floor</i>	
Parental Desires: _____	
Person(s) Accompanying Neonate: _____	

Transfer Forms: Maternal and Neonatal

- How should we use these?
 - Encouraged communication tool
 - Facilitates SBAR oral communication
 - Option to fill out prior to transport as a concise summary
 - Option to fill out after arrival with the accepting medical team in the case of urgent transfers
 - Ensures correct information re: the transferring midwife and facilitates communication

Home Birth Summit



The Future of Home Birth in the United States: Addressing Shared Responsibility

Best Practice Guidelines: Transfer from Planned Home Birth to Hospital

June 2016

- **Utah Best Practice Guidelines**
 - Based on national guidelines
 - Defines model practices
 - Midwife
 - Hospital provider and staff
 - Hospitals and hospital systems

Utah Best Practice Guidelines: Transfer to Hospital from Planned Out-of-Hospital Birth

Mission Statement:

Women have the right to choose out-of-hospital birth at home or in a birth center. Regardless of our individual opinions regarding this choice, we must begin with the acknowledgement that some women will continue to choose out-of-hospital birth. An integrated, inter-professional maternity care system, that promotes safe and seamless transfer of care to the hospital, is recommended to optimize outcomes for mothers and their babies. The **Utah Best Practice Guidelines** were created in order to facilitate inter-professional collaboration, communication, and safe hospital transfer for mothers and their newborns.

"All women and families planning a home or birth center birth have a right to respectful, safe, and seamless consultation, referral, transport, and transfer of care when necessary. When ongoing inter-professional dialogue and cooperation occur, everyone benefits."

-Home Birth Summit

Purpose:

1. Promote the highest quality of care for women and families across birth settings via respectful inter-professional collaboration and ongoing communication.
2. Highlight core elements to be included when developing hospital and healthcare system documents and policies related to hospital transfer from out-of-hospital planned birth.

Development of the Utah Best Practice Guidelines:

The Best Practice Guidelines from the Home Birth Summit were developed by a multidisciplinary group of home and hospital-based providers and stakeholders who were delegates at the National Home Birth Consensus Summits in 2011 and 2013 (www.homebirthsummit.org). These national guidelines were used as a template for developing the **Utah Best Practice Guidelines**.



Midwives



Hospital Providers
& Staff



Hospitals &
Hospital Systems



Model Practices for the Midwife



Model Practices for the Hospital Provider and Staff



Model Practices for Hospitals and Hospital Systems

Helping Hospitals: A Transfer Algorithm

- Hospitals need to identify their transfer process

What number should a transferring provider call?

- Maternal: Antepartum / Intrapartum / Postpartum
- Neonatal
- Non-urgent vs. urgent

- Our goal is to help each hospital define their process and post on the UWNQC website for easy reference

University of Utah Health Care | Planned Out of Hospital Births Referral Guidelines

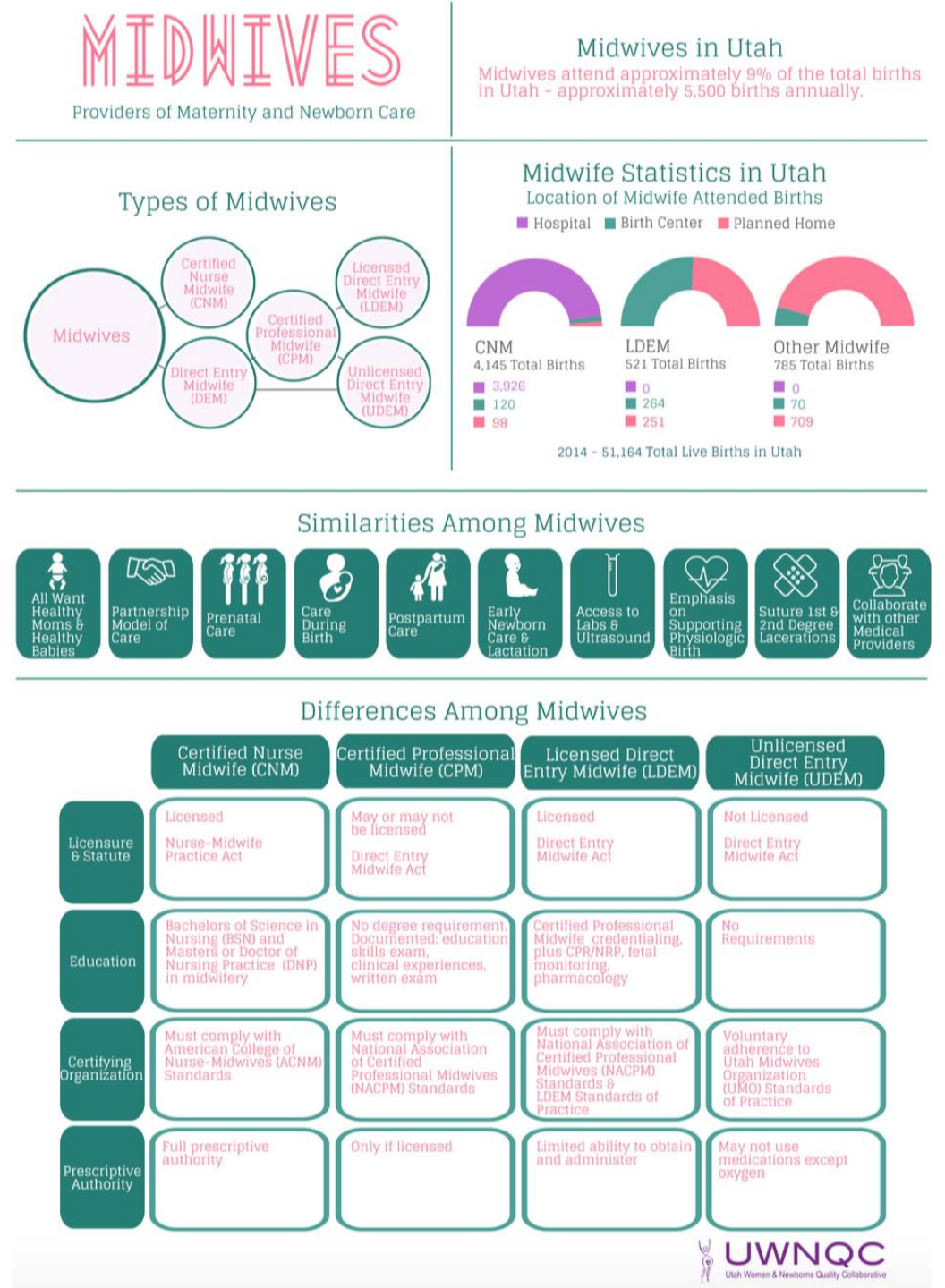
	Antepartum		Intrapartum		Postpartum (Maternal)		Newborn	
	Non-Urgent*	Urgent**	Non-Urgent*	Urgent**	Non-Urgent*	Urgent**	Non-urgent*	Urgent**
General Information								
Who is the contact at the hospital for general issues regarding OOH transfers?	Dr. Erin Clark, Office: 801-581-8425		Dr. Erin Clark, Office: 801-581-8425		Dr. Erin Clark, Office: 801-581-8425		Dr. Julie Shakib, Office: 801-581-2261	
Transfer Process								
Will the hospital accept transfer of these patients from OOH providers?	YES	YES	YES	YES	YES	YES	YES Will accept referrals for primary care.	YES Urgent newborn transfers are generally routed to Primary Children's Hospital via EMS.
What telephone number should the OOH provider call?	University of Utah Transfer Center: 801-587-8980	University of Utah Transfer Center: 801-587-8980	University of Utah Transfer Center: 801-587-8980	University of Utah Transfer Center: 801-587-8980	University of Utah Transfer Center: 801-587-8980	University of Utah Transfer Center: 801-587-8980	Clinic 6 Pediatrics: 801-581-2205	Call 911. EMS will then transport the newborn to the most appropriate facility.
To whom should the OOH provider ask to speak?	MFM Physician On-Call	MFM Physician On-Call	MFM Physician On-Call	MFM Physician On-Call	MFM Physician On-Call	MFM Physician On-Call	Speak with the Clinic 6 scheduling staff to schedule an outpatient appointment.	Call 911
Other information or instructions	The University of Utah endorses the "Utah Best Practice Guidelines: Transfer to Hospital from Planned Out-of-Hospital Birth" and complies with all best practice recommendations therein. We respect the right of women to choose their birth setting. We seek to facilitate safe hospital transfer for mothers and their newborns by promoting interprofessional collaboration and communication.							
In addition to the UWNQC transfer forms and the relevant medical records, is there anything else the OOH provider should routinely provide?	NO	NO	NO	NO	NO	NO	NO	NO
To which department should the patient go?	As instructed by MFM physician.	As instructed by MFM physician.	As instructed by MFM physician.	As instructed by MFM physician.	As instructed by MFM physician.	As instructed by MFM physician.	University of Utah Hospital Clinic 6 Pediatrics	EMS will determine.
In addition to the OOH provider, how many people may accompany the patient?	Labor and Delivery and Postpartum Units allow 5 visitors, not including the midwife or doula. University of Utah considers the transferring midwife to be an important part of the woman's support team.						N/A	2
Anything else?	University of Utah is developing a specific policy regarding well newborns that accompany admitted mothers. Please refer to this policy for details, when available.							
Post-Transfer Communication								
How will the hospital provider report back to the OOH provider on the patient's hospital course?	We will use the UWNQC Maternal Transfer Form to find up-to-date and accurate contact information for the transferring midwife. Updates will be given by phone during the hospital admission. The hospital provider will coordinate follow-up care prior to discharge. For all maternal admissions, relevant medical records including admission history and physical, delivery note (if appropriate), and discharge summary will be sent to the referring midwife in a timely fashion.						Follow-up care will be coordinated prior to discharge. For all admitted infants, a discharge summary will be sent to the midwife identified on the UWNQC Neonatal Transfer Form .	

*Non-urgent is defined as a condition where the patient needs medical attention, but the situation is not life-threatening, and a delay of up to hours is not likely to significantly affect the outcome.

**Urgent is defined as a condition where the patient needs immediate medical attention to prevent serious injury or death.

Educational Tools

- *Midwife Infographic*
- Midwife types
- Statistics
- Similarities & differences



Midwife Statistics in Utah

Location of Midwife Attended Births

■ Hospital ■ Birth Center ■ Planned Home



CNM

4,145 Total Births

■ 3,926

■ 120

■ 98



LDEM

521 Total Births

■ 0

■ 264

■ 251



Other Midwife

785 Total Births

■ 0

■ 70

■ 709

2014 - 51,164 Total Live Births in Utah

Transfer Toolkit

Tools and resources to facilitate safe transfers from home or birth center to hospital

All tools available at UWNQC.org



Out-of-Hospital Birth Subcommittee Report



Best Practice Guidelines



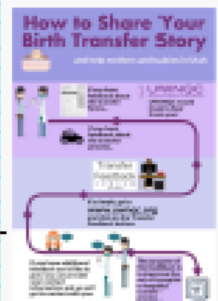
Educational Resources

The poster displays a form with various fields and checkboxes. The form is titled 'Maternal and Neonatal Transfer Forms' and includes a UWNQC logo. The text is in a small font.

Maternal and Neonatal Transfer Forms

The poster shows a flowchart with multiple colored boxes (red, orange, yellow, green) connected by arrows. The flowchart is titled 'Individual Hospital Transfer Algorithms: How to get moms and babies safely to a hospital'.

Individual Hospital Transfer Algorithms: How to get moms and babies safely to a hospital



Transfer Feedback Survey

"All women and families planning a home or birth center birth have a right to respectful, safe, and seamless consultation, referral, transport, and transfer of care when necessary. When ongoing inter-professional dialogue and cooperation occur, everyone benefits."

-Home Birth Summit



UWNQC (Utah Women and Newborns Quality Collaborative) is a statewide network of professionals dedicated to improving the health of Utah's moms and babies.

*Transfer Toolkit posters
available through
UWNQC*

*Julia Johnson
juliajohnson@utah.gov*

Concluding Goals

- Know the data for OOH births in the U.S. and your state
 - *New Utah Out-of-Hospital Birth Report to be published 2017*
- Encourage use of maternal/neonatal transfer forms
 - *Choose Home Birth Summit or UWNQC forms*
- Become familiar with Best Practice Guidelines for transfers
 - *Choose Home Birth Summit or UWNQC guidelines*
- Create a transfer algorithm for your hospital