



Oregon
Perinatal
Collaborative

Quick Start Guide

For Hospitals Participating in the Oregon Community Birth Transfer Partnership

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Introduction

Thank you for participating in the Oregon Community Birth Transfer Partnership (CBTP), a quality improvement program to increase safety and both patient and provider satisfaction in community birth to hospital transfers. The CBTP Quick Start Guide provides easy access to the core materials hospitals and community midwives need to join the CBTP and begin the work of transfer improvement. The entire toolkit, including the results of a patient survey and focus groups, can be found [here](#).

This Quick Start Guide is meant to provide you with all the necessary forms and background information to begin implementing the toolkit at your organization. It includes sample agendas, annual audit forms, transfer forms and other helpful resources. This is not an exhaustive compilation of tools; it does, however, provide the core components needed for a facility to successfully implement the community birth transfer improvement toolkit and meet the goals of the OPC Community Birth Transfer Partnership. We encourage providers and hospitals to review and utilize the resources from the following organizations in addition, as they each offer valuable tools and guidance for improving community birth transfers.

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Key references for this Quick Start Guide

Smooth Transitions

Washington state-based quality improvement program enhancing the safety community birth to hospital transfers
<https://www.qualityhealth.org/smoothtransitions/>

Home Birth Summit

Consensus materials developed in multidisciplinary stakeholder summits including Best Practice Transfer Guidelines
<https://www.homebirthsummit.org/task-forces/collaboration/>

Alliance for Innovation on Maternal Health

Patients safety bundles to reduce preventable maternal mortality and severe morbidity
<https://safehealthcareforeverywoman.org/aim-program/>

Institute for Healthcare Improvement Quality Improvement Essentials Toolkit

Quality improvement tools to launch a successful quality improvement project
<http://www.ihl.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx>

Why Join the Oregon Community Birth Transfer Partnership?

The Community Birth Transfer Partnership (CBTP) is a program of the Oregon Perinatal Collaborative and the Oregon Midwifery Council that supports hospitals and community midwives in efforts to improve planned home birth and birth center to hospital transfers. Perinatal transfers of birthing people who planned a community birth (out-of-hospital birth) can be sources of stress and conflict for hospital staff, families, and community midwives. It doesn't have to be this way.

The Community Birth Transfer Partnership works to enhance the transfer experience for all through safe, collaborative care.

The CBTP can help your hospital:

- ✓ Improve outcomes for mothers and babies
- ✓ Increase patient satisfaction
- ✓ Provide support to staff during a potentially stressful transfer of care
- ✓ Improve working relationships with providers in your community
- ✓ Further a culture of safety and data-driven quality improvement

There is room for improvement. Many families who transferred to an Oregon hospital from a community birth reported concerning experiences of disrespect, lack of informed choice, and even mistreatment or abuse during their hospital stay (OPC Community Birth Transfer Survey Report, 2021).

Collaborative transfer improvement works! Oregon hospitals that have worked on community birth transfer improvement report major positive changes in both relationships and outcomes. The CBTP can provide a quality improvement bundle and facilitation to help hospital providers, nurses, administrators, and community midwives work together to improve communication, relationships and systems of care so that transfers are straightforward, seamless and safe for everyone involved.

We need YOU to make it work! If you are a nurse, provider, or administrator in an Oregon L&D or NICU unit and would like more information or want to join the Community Birth Transfer Partnership, please contact silkeakerson@gmail.com.

Community Birth Transfer Partnership Transfer Improvement Program

Any Oregon hospital can join the Community Birth Transfer Partnership after an initial presentation and assessment. The CBTP offers ongoing support for hospitals and community midwives as they work through the steps of transfer improvement.

How to Join

- Review this toolkit within your hospital maternity and newborn care leadership teams.
- Contact silkeakerson@gmail.com to let us know of your hospital's interest. We will conduct a pre-program interview to understand the hospital and community's needs.
- Schedule a Community Birth Transfer Partnership presentation. This initial presentation should include nurse leaders, maternity and newborn providers, quality improvement staff, ED staff, anesthesiology, and hospital administration representatives. The presentation will be one hour in length with one physician and one community midwife presenter with time for questions.
- Formally commit to joining the CBTP. An enrollment form will be made available to you following the CBTP initial presentation.

Initial Steps for CBTP Hospitals

After submitting your enrollment form, your initial steps:

- Identify one or two leaders for your hospital-community transfer improvement committee who will schedule and facilitate meetings.
- Recruit participants from the following areas:

Internal	External
<ul style="list-style-type: none">• Obstetric care providers• Newborn/Neonatal care providers• Anesthesia providers• L&D nursing and leadership• ED representative	<ul style="list-style-type: none">• Local community midwives (CBTP leaders can assist with identification and outreach)• Local emergency medical services (EMS) representatives

- Schedule and hold an initial meeting. The purpose of this meeting is to get to know each other, share about areas of transfer improvement you would like to focus on, and make a plan for working together
- Form a Hospital-Community Transfer Improvement Committee and make a plan to meet 2-3 times a year to work on transfer improvement. The initial meeting should engage participants and request that attendees commit to participation in this ongoing committee work. This committee should include physician, CNM, nurse, EMS, and community midwife representatives.
- Begin Hospital-Community Transfer Improvement Committee work

The Initial Hospital-Community Transfer Improvement Committee Meeting

In this first meeting it is important to take time for participants to get to know each other and to acknowledge the discomfort and mistrust that may be present if there is a history of stressful transfer experiences in this community. A representative of the CBTP is available to facilitate this initial committee meeting if desired by the hospital or community midwives. We recommend CBTP facilitation of the initial meeting particularly if the relationship between the hospital and community midwives has been fraught.

The purpose of this meeting is to get to know each other, learn about the CBTP, share about areas of transfer improvement you would like to focus on, and make a plan for working together. We recommend the initial meeting include:

- Introductions
- Background information on hospital and community midwives
- Mission and Goals of Oregon Community Birth Transfer Partnership
- Oregon Community Birth Transfer Partnership Steps
- Set up ground rules for the meetings
- Areas of concern / Areas for improvement
- Planning for future meetings

Ongoing steps for Community Birth Transfer Partnership Hospitals

The ultimate goal of the Hospital-Community Transfer Improvement Committee is to not only improve clinical outcomes but also to improve relationships and family/consumer and provider experiences. This work requires regular meetings and ongoing assessments of community birth transfers. Below are suggested elements of ongoing community birth transfer improvement work:

- Hold Hospital-Community Transfer Improvement Committee meetings 2-3 times a year
- Recruit family/consumer representatives to participate in the committee
- Implement use of CBTP surveys with each community birth transfer [patient](#) and [receiving providers](#), [nursing staff](#), [community midwives](#), and [EMS personnel](#)
- Implement use of [Home Birth Summit maternal](#) and [newborn transfer forms](#)
- Create protocols or best practice guidelines for transfers
- Examine specific recommendations for improving transfers for BIPOC families
- Participate in annual data benchmarking and send annual report to CBTP
- Carry out annual assessment of transfers and planning for further improvement work

Objectives for Hospital-Community Transfer Improvement Committee Work

Individual Hospital-Community Transfer Improvement Committees will choose their own priorities for transfer improvement work. Each hospital and community will have its own considerations and constraints. We encourage transfer improvement committees to begin with smaller projects where there is agreement on the committee and institutional support in order to optimize successes. The committee can then build on success over time and approach the more challenging areas for improvement in that hospital and community. The following are project areas that Hospital-Community Transfer Improvement Committees may focus on:

Joint Projects

- Adopt use of Home Birth Summit maternal and newborn transfer forms
 - Please use these forms without adaptation so that the same form is being used universally
 - Report any desired changes or additions to the form to CBTP so we can suggest future revisions
- Create transfer protocol
- Create process for joint peer review for challenging transfers
- Hold annual or more frequent event for hospital staff and community midwives to meet and build relationships and rapport outside of transfer situations
- Publicize existing continuing education opportunities to both community midwives and hospital providers and staff
 - For example, hospitals can do outreach to community midwives about NRP renewal classes and community midwives can do outreach to hospitals about midwife continuing education offerings
- Provide joint continuing education opportunities for hospital providers and community midwives
 - Include simulation working as a team in transfer situations
- Present at grand rounds on community midwife transfers and scope of practice
- Jointly provide training for EMS on community birth transfers

Community Midwife Focused

- Improve prenatal preparation for hospital transfers
 - Provide information at multiple points during prenatal care
 - Provide info on both maternal and newborn transfers
 - Provide information about what to expect during emergent and non-emergent transfer
 - Use transfer planning worksheet to get clients to
 - Encourage clients to pack a hospital bag
 - Encourage preregistration at hospital
- Adopt use of Homebirth Summit transfer forms
- Practice communication with hospital prior to arrival

Hospital Staff Focused

- Provide training for staff (using community birth transfer survey results) on:
 - Welcoming community birth transfers
 - Including community midwives in care after a transfer
 - Community midwife training and scope of practice
- Coordinate discharge and postpartum care with community midwife
- Review and improve informed choice for exams, procedures and decisions
 - Provide informed choice training for nurses and providers – We recommend interdisciplinary training in informed choice
 - Review and update written policies

Hospital System Focused

- Create written policy on welcoming community birth transfers
- Provide midwife to midwife transfer where applicable
- Coordinate discharge and postpartum care with community midwife including sending discharge summary for mom and baby
- Create plan for direct admission of community birth transfers to L&D, including postpartum transfers, rather than routing through ED
- Look at postpartum care policies and practices to increase opportunity for uninterrupted rest for new parents
- Change policies/practices to end separation of birthing people and babies
- Create policy (and possible training) for community midwife inclusion in cesarean section of community birth transfer patients
- Examine specific recommendations for improving transfers for BIPOC families
- Partner with families/consumers to co-design services, systems, or spaces (L&D and NICU)
- Partner with families fully in the care and decision making for their infant, and themselves, in order to maximize their capability and minimize their stress and anxiety, paying attention to the biological, emotional, spiritual and social determinants of health and wellbeing



HBS COLLABORATION TASK FORCE- MATERNAL TRANSFER FORM

Patient's Full Name: _____ Weeks Gestation: _____ Date/Time: ____/____/____:____
 Age: ____ G: ____ P: ____ EDD: _____ Based on: LMP/Conception Dating Ultrasound
 Referring Provider _____ Contact#: (____) _____
 Name of person receiving call: _____ Time Called: _____
 Does receiving hospital have medical records: YES NO UNKNOWN
 Medical Records Included: # pages _____

SITUATION and Reason for Transport _____

Status at Time of Transport: Stable Unstable

FHTs:	Ctx Pattern:	Mode of Transport: <input type="checkbox"/> Private Vehicle <input type="checkbox"/> EMS <input type="checkbox"/> Other EMS Staff: _____
Dilation/Station:	BP: ____ / ____	
Last food/fluid PO (date/time):	Temp: _____	Called: _____ Arrived _____ Departed: _____
	Pulse: _____	
Last Void Time: ____:____	Ultrasound Findings:	Time at hospital door: ____:____
IV Gauge: _____		Time at L&D room: ____:____
Total infused prior to transport:		Time Hospital Provider Received ____:____
		Time verbal report: ____:____

Labor History: Birth: (date/time): ____/____/____:____
 Latent Onset: (date/time): ____/____/____:____ Placenta: (date/time): ____/____/____:____
 Active Onset: (date/time): ____/____/____:____ **EBL:** _____
 2nd Stage Onset: (date/time): ____/____/____:____ **Fluid:** CLEAR MECONIUM BLOODY
 AROM/SROM: (date/time): ____/____/____:____ **Lacerations:** NO YES, Details _____

BACKGROUND

Current Pregnancy Complications: _____

 Significant Medical History: _____

 Prior Pregnancy Outcomes: _____
 NKDA, Allergies: _____ Height / Weight: _____ / _____
 Current Medications/Supplements: _____
 Blood Type: _____ BP Baseline: ____ / ____ GDM Testing: YES NO Hct: ____ (date: ____)
ALERTS: Rh- HSV+ Rubella Non-Immune HEP B+ HIV+
 GBS Unknown GBS+ GBS- (date: ____)

ASSESSMENT: _____

RECOMMENDATION: _____



HBS COLLABORATION TASK FORCE- NEWBORN TRANSFER FORM

Patient's Full Name: _____ Male Female Date/ Time: _____ / _____ : _____
Mother's Full Name: _____ Phone # (____) _____ EDD: _____
Referring Provider: _____ Phone # (____) _____ Gestation: _____
Referred to: _____
Does receiving hospital have maternal/ prenatal records? YES NO UNKNOWN
Medical records included: # Pages: _____

SITUATION and Reason for Transport

Status at Time of Transport: Stable Unstable

Mode of Transport: Private Vehicle EMS
EMS Staff: _____
Called: _____ Arrived _____ Departed: _____
Time arrival at hospital: _____ : _____
Time Hospital Provider Received _____ : _____
Time verbal report: _____ : _____

Labor History:
Latent Onset: (date/time): _____ / _____ : _____
Active Onset: (date/time): _____ / _____ : _____
2nd Stage Onset: (date/time): _____ / _____ : _____
AROM/ SROM: (date/time): _____ / _____ : _____
Birth: (date/time): _____ / _____ : _____
Placenta: (date/time): _____ / _____ : _____
EBL: _____
Fluid: CLEAR MECONIUM BLOODY
Complications: NO YES, Details _____

NEWBORN TRANSITION: RESUS SUCTION O2 PPV CHEST COMPRESSIONS

NEWBORN EXAM: Birth Weight: _____ APGAR: 1MIN: _____ 5 MIN: _____ 10 MIN: _____
Significant Findings: _____

Last VS: Time: _____ Heart Rate: _____ Resp. Rate: _____ Temp: _____ SpO2: _____
Feeding Concerns: _____ Blood Glucose: _____ Last Feed (time): _____ : _____
 Eye Tx Vitamin K (IM / Oral) CCHD Screening Metabolic Screening

MATERNAL BACKGROUND
Current Pregnancy Complications: _____
Significant Medical History: _____
Prior Pregnancy Outcomes: _____
 NKDA, Allergies: _____ Height / Weight: _____ / _____
Current Medications /Supplements: _____
Blood Type: _____ BP Baseline: _____ / _____ GDM Testing: YES NO Hct: _____ (date: _____)
ALERTS: Rh- HSV+ Rubella Non-Immune HEP B+ HIV+
 GBS Unknown GBS+ GBS- (date: _____)

ASSESSMENT: _____

RECOMMENDATION: _____

Tips for Welcoming Community Birth Transfers

- Welcome the patient and their support people warmly
- Treat the patient and their support people with respect
- Acknowledge the fear or disappointment they may be feeling about the change in care plan and environment. You can say something like:
 - “I know this is not what you planned. Is there anything we can do to help you in this transition to the hospital?”
 - OR-
 - “I’m happy to care for you. I’m sorry that you’re here. I know how hard you worked to have a home birth (or birth center birth).”
- Keep mother and baby together whenever possible
- Treat community midwives with an attitude of mutual respect. You and the community midwife(s) are a care team.
 - It puts patients at ease to see their providers collaborating respectfully
- Provide slow and thorough informed consent about procedures or interventions
 - Remember to provide informed consent about things that you may consider routine such as vaginal exams or rupture of membranes.
 - Seek brief but clear informed consent even in an emergency.
 - Informed consent makes a difference in patient experience of care. Community midwifery clients expect it at all times.
- Do not assume that the patient is not ready for interventions upon arrival. In many situations, the community midwife and patient will have already thoroughly discussed a plan for an epidural and Pitocin augmentation or a needed cesarean section.
- Work with the community midwife to communicate with the patient about needed procedures or interventions if there is resistance. Many patients will want to hear the midwife’s opinion or advice or talk privately with their support person and midwife before consenting.
- Ask midwives for information and input as needed. Midwives know lots about their patients and what has happened so far.
 - Some receiving providers find including the community midwife in the care when appropriate helps ease the transition and improve the patient experience of care
- Coordinate postpartum care with the community midwife
- If you have concerns about follow-up care after discharge, communicate them directly to the community midwife.
- Ensure that records and discharge summary are sent to the community midwife.

Initial Meeting Sample Agenda

1. Introductions

2. Background information

- Hospital information: number of births/transfers per year, newborn care/NICU capacity, provider types
- Community midwives: number of midwives and birth centers, births per year, types of midwives
- Past relationship of hospital and community midwives
- Our intention is for safe care and improved collaboration moving forward

3. Mission and Goals of Oregon Community Birth Transfer Partnership

- *Mission:* To realize a mutually respectful and integrated healthcare system that supports patient/client safety and satisfaction and increases community midwife and hospital collaboration when transfer occurs from community birth to hospital settings.
- *Goals:*
 - Eliminate barriers to safe and timely transfers from planned community birth settings to in hospital care settings.
 - Increase consumer engagement in advocacy and quality improvement efforts related to safe transfers of care.
 - Promote interprofessional collaboration to encourage productive, collegial relationships grounded in respectful, patient/client-centered care.
 - Expand skills, knowledge, and relationships through meaningful interprofessional case reviews and continuing education.

4. Oregon Community Birth Transfer Partnership Steps

- **Hospital hosts initial Oregon Community Birth Transfer Partnership presentation**
 - An Oregon Community Birth Transfer Partnership representative will talk with hospital staff and community midwives before the presentation to understand the current transfer situation and hospital-community midwife relationships.
- **Identify hospital and community midwife advocates**
 - Identify a nurse, nurse-midwife or obstetrician who can serve as the advocate for the hospital and a community midwife who can serve as the advocate for the midwifery community. These individuals will coordinate meetings and communication between the groups.
- **Form a Community Birth Transfer Committee**
 - Assemble a group of obstetricians, nurse-midwives, nursing staff, pediatric providers, EMS personnel, and local community midwives to form the Community Birth Transfer Committee.
- **Produce and adopt transfer tools**
 - The committee works collaboratively to develop transfer protocols, forms and other tools to support smooth transfers. The Oregon Community Birth Transfer partnership will provide templates.
- **Regular meetings**
 - Once initial work to adopt transfer tools is completed, the Community Birth Transfer Committee meets 1-2 times each year to assess any concerns or issues and to work together to continually improve community birth transfers.
 - These meetings can also be used for shared continuing education, transfer simulation drills, and protected case reviews as needed.
- **Data collection**

- Participating hospitals collect data to evaluate the transfer improvement program. This data can be used for improvement at the hospital level, to improve the OPC (insert name of program here), or for research and publication.

5. Set up ground rules for the meetings

- Establish ground rules from communication in the meetings so that everyone can be heard. Some areas to consider: How will cases be discussed? How can we communicate and give feedback respectfully across differences?

6. Areas of concern / Areas for improvement

- Give time for both hospital and community midwife participants to describe concerns related to community birth to hospital transfers
- Discuss initial ideas for improvement

7. Planning for future meetings

- Frequency, timing, location
- Topics/Agenda. Are there standing agenda items that will be discussed at every meeting?
- Designate hospital and community midwife advocates and make a plan for how communication will work. Share contact info.
- Create contact list of community midwives to be invited to future meetings.

8. Closing comments

Future Meetings

- Be sure to address agenda items identified at the first meeting.
- How are transfers going? Are protocols and other tools working? What needs modification? Use group problem-solving to work with the feedback these questions generate.
- Review hospital and survey data if available
- Identify needs for education, training, or additional transfer tools
- Share meeting minutes with the hospital and community midwives

Community Birth Transfer Partnership Annual Audit Form

You can use this form for self-assessment and in preparation for meetings of the community birth transfer improvement committee.

Hospital Name: _____ Reporting Year: _____

Report Date: _____

Data on Outcomes

1. Total maternal community birth transfers from January 1 to December 31:

Transfers by receiving provider:

- a. OB Hospitalist:
- b. Nurse-Midwife:
- c. Private practice OB:
- d. Family practice doctor:

2. Total neonatal community birth transfers from January 1 to December 31:

3. Total number of emergency community birth transfers:

- a. Maternal
- b. Neonatal

4. What were the 3 most common reasons for maternal community birth transfer?

(Choose from: Induction, augmentation, pain relief, prolonged rupture, preterm labor/pre-term ROM, non-reassuring FHT, prolonged 2nd stage, infection, postdates, PIH/preeclampsia, postpartum hemorrhage, retained placenta, laceration repair)

5. What were the 3 most common reasons for neonatal community birth transfer?

(Choose from: Resuscitation, respiratory distress, signs of infection, anomaly, inability to maintain temperature, inability to maintain blood sugar)

6. How many maternal community birth transfers resulted in cesarean section?

7. How many maternal community birth transfers resulted in blood transfusion?

8. How many community birth transfers resulted in NICU admission for reasons other than observation?

- | | | |
|--|-----|----|
| 2. Was/were your protocol(s) developed by hospital staff and community midwives? | Yes | No |
| 3. Does your hospital have a community birth transfer improvement committee? | Yes | No |
| a. If yes, how often does the committee meet per year? | | |
| 4. Does your hospital collect data on community birth transfer? | Yes | No |
| a. If yes, please describe your data collection: | | |
| | | |
| 5. Do you review hospital data on community birth transfers at your meetings? | Yes | No |
| 6. Do your patients who transfer from planned home birth or birth center births complete the CBTP Community Birth Transfer Survey? | Yes | No |
| a. If no, why not? | | |
| | | |
| 7. Does your hospital participate in case reviews with community midwives? | Yes | No |
| a. If yes, please describe: | | |
| | | |
| 8. Does your hospital participate in joint continuing education or simulation with community midwives? | Yes | No |
| a. If yes, please describe: | | |
| | | |
| 9. Has your hospital created resources or tools to support community midwife to hospital transfers? | Yes | No |
| a. If yes, please describe: | | |

10. What are some current challenges to working collaboratively with community midwives?

11. What successes has your hospital experienced in working with community midwives?

12. How can the Oregon Community Birth Transfer Partnership help your hospital improve community birth to hospital transfers?

Report completed by:

Name: _____

Position: _____

Email: _____ Phone: _____

Did you recently experience a hospital transfer from a planned home or birth center birth?

The **Oregon Community Birth Transfer Partnership** would like to hear about your experience. Your feedback will help us improve the transfer process for birthing families across Oregon.

A brief, voluntary, and confidential survey is available here:
<https://www.surveymonkey.com/r/OPCBirthTransfer>.

The survey will take about 10-20 minutes to complete. Your responses are voluntary and will be confidential. We do not collect identifying information such as name, date of birth, or medical record number. All responses will be grouped together and analyzed as a group.



This work is part of the Oregon Perinatal Collaborative. We work together to advocate for improved maternal and childhood health outcomes through collaboration, implementation of evidence-based practices, and policy change throughout the state of Oregon. To learn more about the Oregon Community Birth Transfer Partnership and the Oregon Perinatal Collaborative, please visit: <https://oregonperinatalcollaborative.org/initiative/community-birth/>



Scan this QR code using your smartphone's camera to access the survey on your cell phone

Did you recently provide care during a community birth to hospital transfer?

Please fill out a short survey about your experience to help us improve care.



Receiving Provider

https://www.surveymonkey.com/r/CBTP_ReceivingProvider



Nursing Staff

https://www.surveymonkey.com/r/CBTP_NursingStaff



EMS

https://www.surveymonkey.com/r/CBTP_EMS



Community Midwife

https://www.surveymonkey.com/r/CBTP_CommunityMidwife