Oregon Perinatal Collaborative

Oregon Community Birth Transfer Partnership

Community Birth Transfer Survey Report

2021

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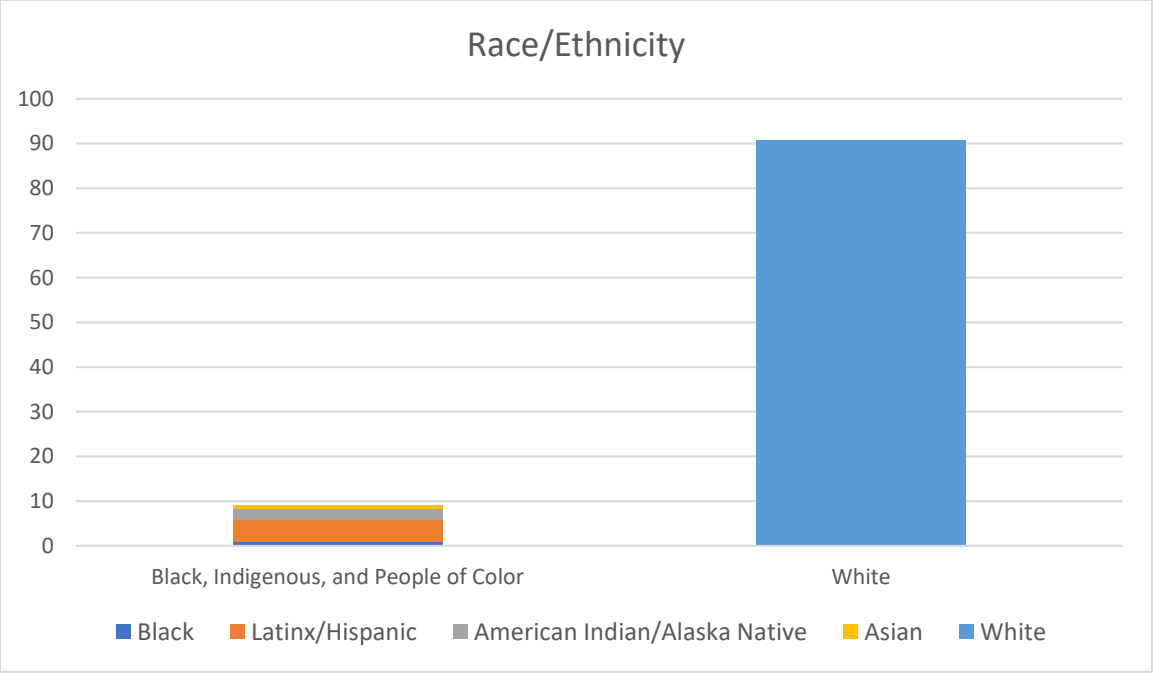
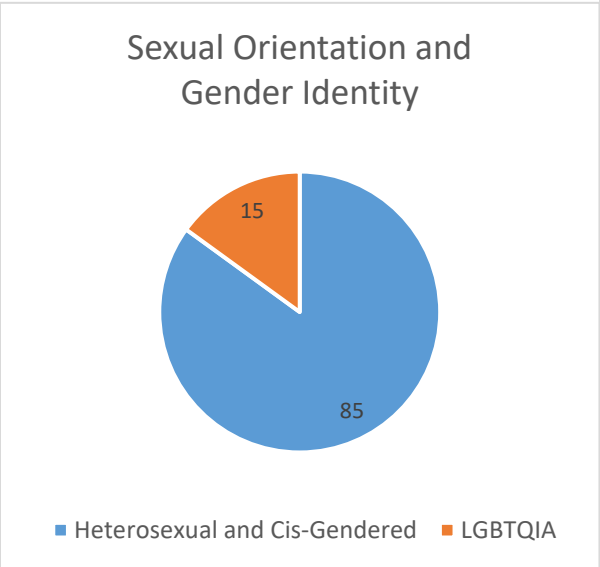
Oregon Community Birth Transfer Partnership

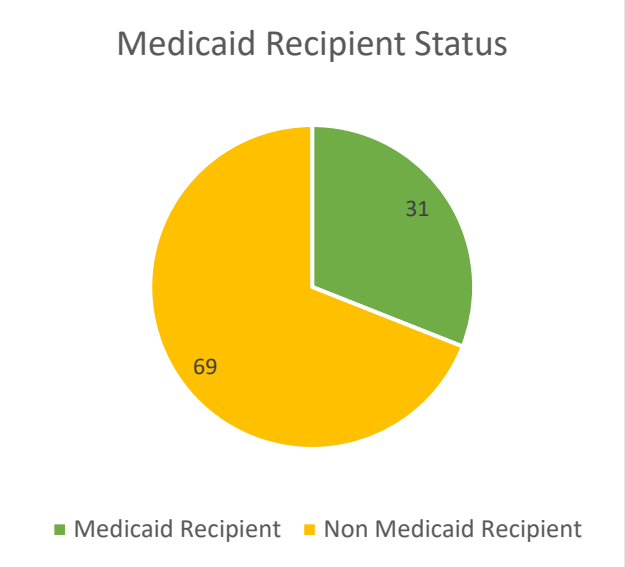
Community Birth Transfer Survey Report

In November, 2020 the Oregon Community Birth Transfer Partnership (CBTP), a joint program of the Oregon Perinatal Collaborative and the Oregon Midwifery Council, launched a survey to collect information from birthing parents who experienced a transfer from a planned home birth or birth center birth in Oregon. The survey asked about their transfer experiences and their feedback for quality improvement of community birth transfers. We received 119 survey responses in the first 4 weeks[i]. This report is a summary of those responses for use in the program development phase of the CBTP.

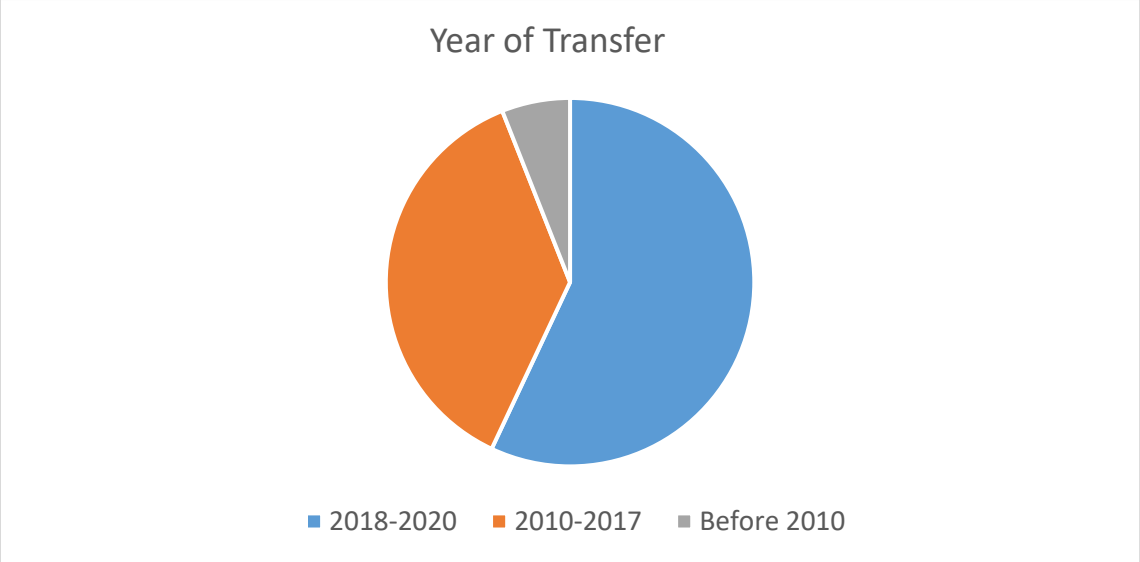
Respondent Demographics







Time and Location of Transfers



There was broad geographic representation including the following hospitals:

Portland Metro Area
OHSU
Legacy Emanuel
Providence Portland
Providence St. Vincent
Adventist
Kaiser Sunnyside
Tuality

Central + Eastern
St. Charles
Grande Ronde

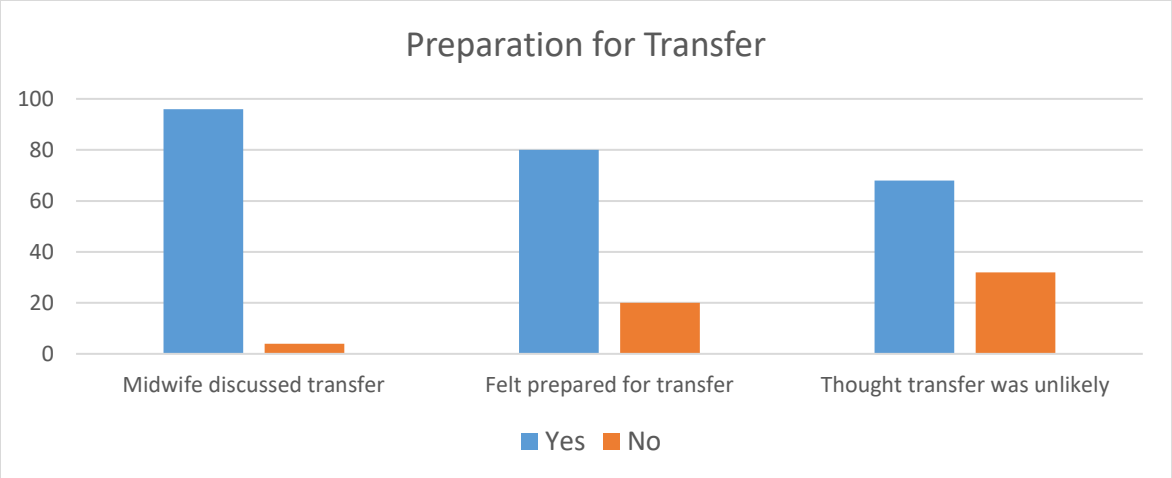
Mid-valley
Salem Hospital
Albany General
Legacy Silverton
Good Samaritan Corvallis
Good Samaritan Lebanon
Santiam Hospital

Coast
Peace Health Florence

Southern
Asante Rogue Regional
Asante Ashland
Asante Three Rivers
Providence Medford

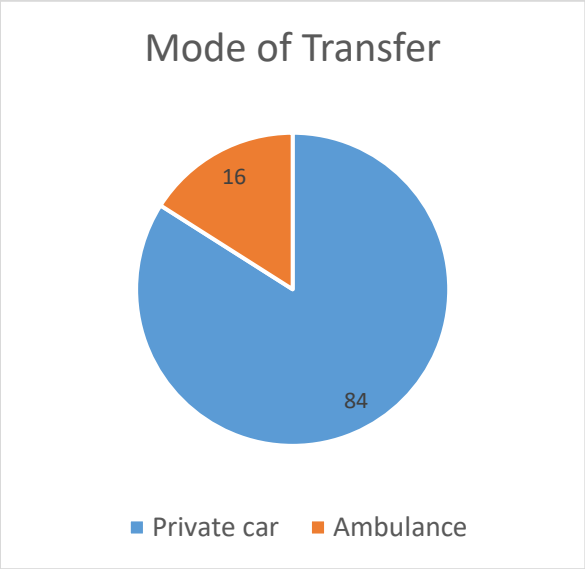
Eugene Area
Peace Health Riverbend
McKenzie Willamette

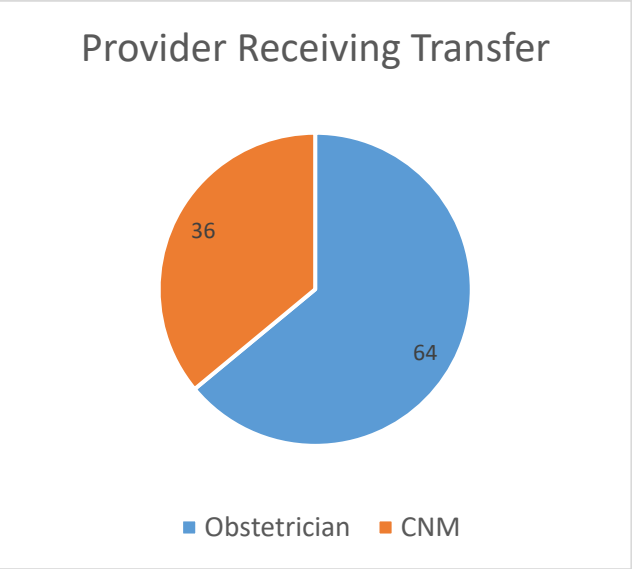
Preparation for Transfer



Despite nearly universal midwife discussion of hospital transfer, a full 68% of respondents thought it was unlikely or very unlikely that they would need to transfer.

Transfer Data



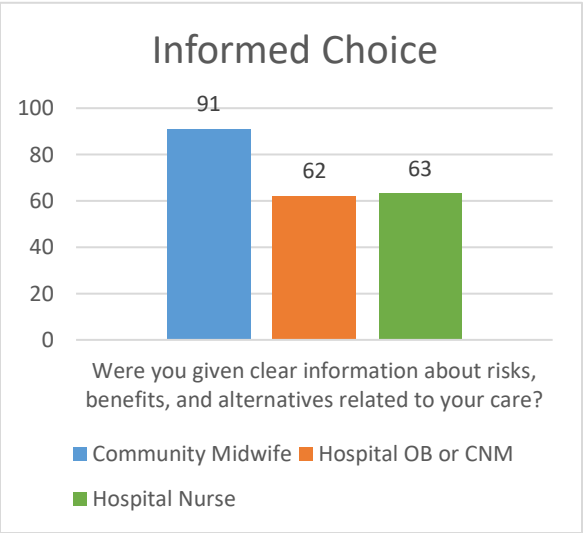


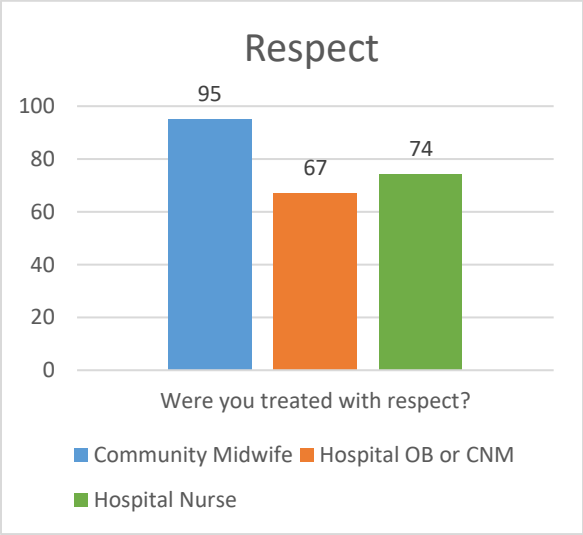
Long labor or failure to progress was the most common reason for transfer (almost 40% of the transfers). The next most common reasons for maternal transfer (in descending order) were: Abnormal FHT, prolonged rupture of membranes, postpartum hemorrhage, breech presentation, blood pressure, and pain management.

Newborn transfers were less common (9% of responses) and were primarily due to respiratory distress (ranging from mild symptoms to prolonged resuscitation)

Informed Choice and Respect

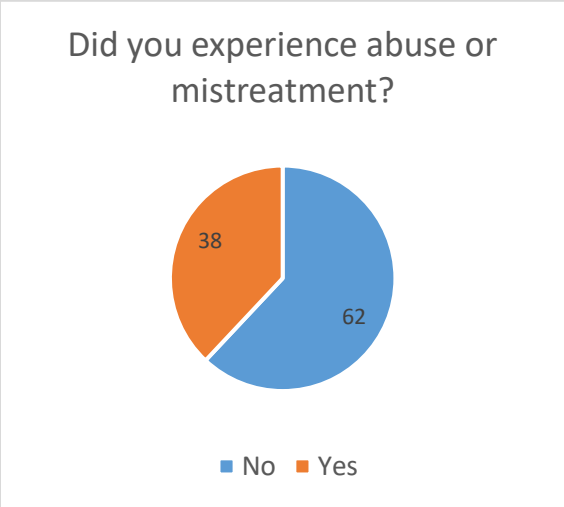
Respondents reported significant differences between provider types when asked if they were given informed choice and treated with respect by community midwives and hospital staff.

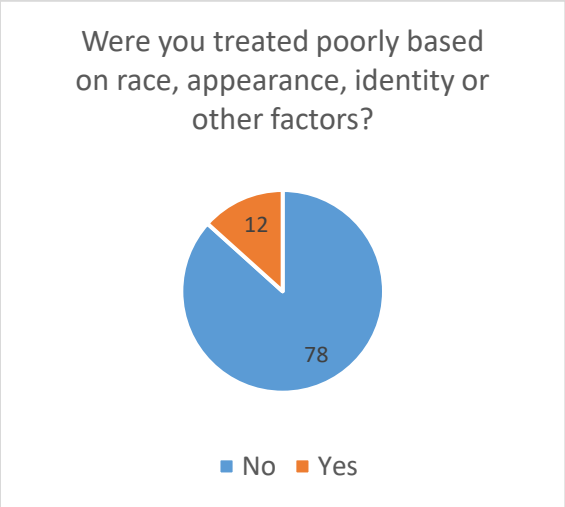




Mistreatment and Abuse

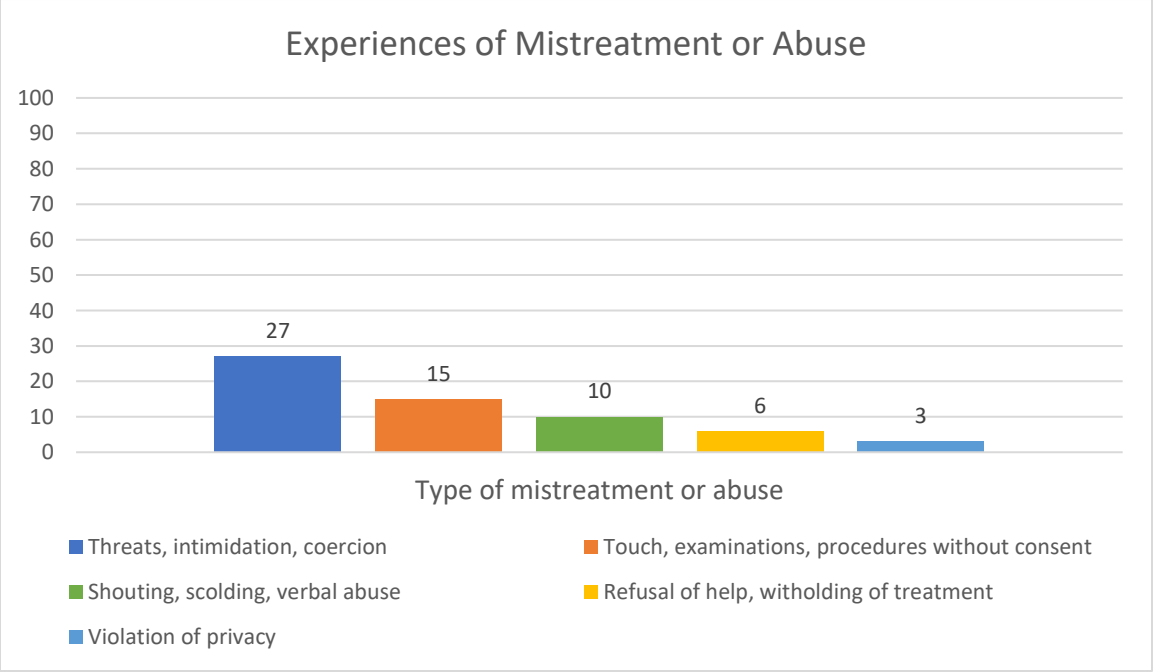
Many respondents reported experiences of mistreatment or abuse during a transfer. Threats, intimidation, and/or coercion were the most commonly reported forms of abuse.





Most of those respondents who believed that they were treated poorly based on their appearance, identity, race or another factor perceived the poor treatment was due to being a community birth transfer while a small number felt it was based on perceived poverty or body size.

"They wanted to tie my tubes and it felt like it was because I was a single mother and poor. The[y] also expressed frustration and insinuated it was irresponsible that I had tried a home birth."



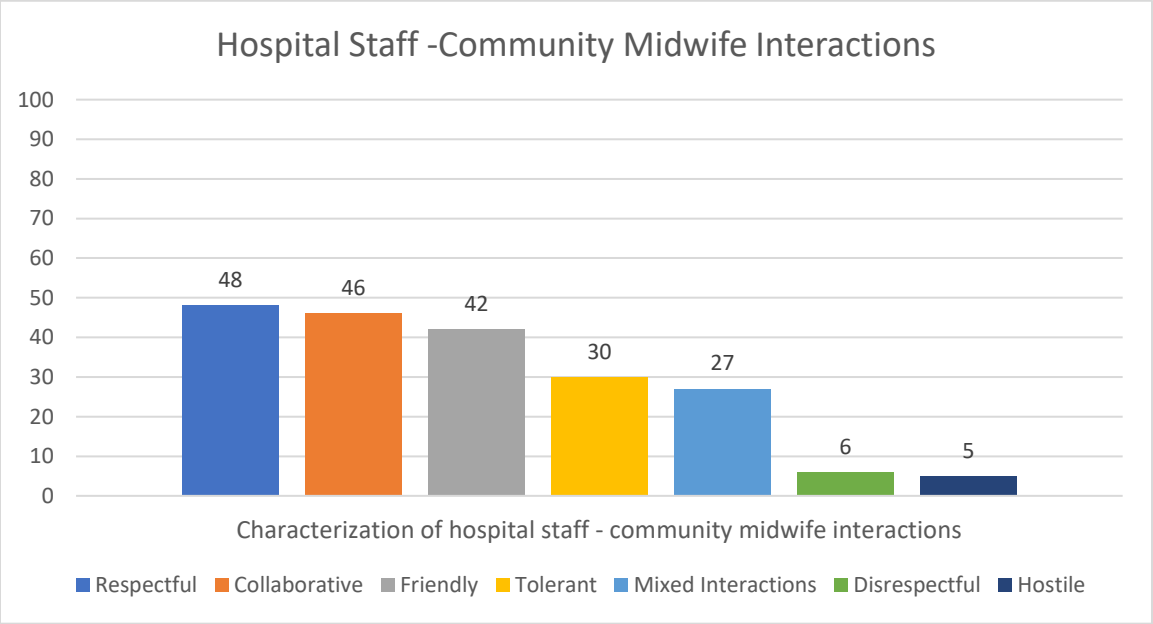
Outcomes

We collected birth outcomes data in a manner that was challenging to analyze. I recommend revising this section of the survey with an eye to how we want to use the data for future use. I will highlight just a few key outcomes here:

- 39% of respondents had a cesarean section. 16% of respondents had a baby in the NICU for treatment or observation. There was 1 intrauterine fetal demise.
- 99% of respondents were offered follow-up postpartum care with the community midwife. This is the standard of care.

Hospital Staff and Community Midwife Interactions

Respondents were asked to describe the interactions they observed between community midwives and hospital staff. They reported a wide variety of interactions.



Mother/Birthing Parent Experiences

The qualitative data was a rich source of information about family/consumer experiences of community birth transfer and hospital care. There were a number of frequently occurring themes in the responses including respect, informed choice, and the importance of the community midwife as a support person during transfer. As a convenience sample, there is selection bias that may lead to oversampling of negative community birth transfer experiences in this survey. This does not mean that the trends in the results are not accurate, simply that there may be some overrepresentation of negative experiences. The sample size was large enough I will present the themes here, along with representative quotes from the survey, starting with the most frequent themes.

Community Midwife as Support, Comfort, and Advocate

By far the strongest theme in the survey responses was that mothers/birthing parents wanted their community midwife with them and experienced her presence as supportive, comforting, and protective. Respondents relied on their community midwife for a sense of security in a challenging situation and some described their community midwife as an interpreter between the two worlds/cultures/approaches. Respondents were particularly positive in their description of their transfer experience when they felt like their midwife was included in collaborative care. A number of respondents described how helpful it was that their community midwife was able to stay with them during a cesarean section.

"…the presence of my CPM was absolutely crucial to a smooth transition."

"I would not have felt safe or in control without my midwife there. Period."

"My midwife stayed with me through the transfer and was allowed to scrub in for the cesarean. This brought me so much peace!"

"I had wonderful continuity of care, as my homebirth midwife remained my care provider at the hospital. I felt respected and supported by all of the providers we saw, and I was allowed to go at my own pace without feeling rushed or pressured into any interventions or decisions I wasn't ready for. I believe having my midwife stay with me contributed to this experience."

One respondent was unable to have her midwife accompany her due to COVID-19 and the impact on her experience was significant:

"The difference in care was very difficult for me. I had been with my midwife my whole pregnancy then after transferring I lost my support. I felt out of my comfort zone, exhausted and confused as to why my baby wasn't coming down…The doctor was rude and made me feel awful and like a failure. Cervical checks were terrible and disheartening…. the difference in care was a harsh reality. I missed out on my natural homebirth and ended up with a c section and a loss of self."

Respect

Respect was the second most common theme in the responses. General respect and respect for their autonomy and choices specifically was extremely important to the respondents. Those mothers/birthing parents who felt respected felt positive about their experience. Those mothers who felt they were not respected often described anger, disappointment, and trauma related to their experiences.

"The OB was super respectful toward myself and my midwife team and it made all the difference in the world."

"Multiple staff invalidated my experience. They did not communicate clearly or kindly with me overall. They were slow to respond to my infant's breathing issues. They did not care about me the way the midwife did. The difference in quality of care was such a stark contrast."

"There is no continuity of care or respect for women/parents at the hospital, especially after you give birth. It was like being held in a prison or being held hostage."

"I have high health literacy because I am a perinatal mental health provider… and I am a researcher studying perinatal healthcare. I understand the limitations of hospital protocols in labor and delivery, so it was very easy for me to assert myself and decline continuous BP monitoring, for example. I also easily expressed boundaries about protocol interventions for my baby and me postpartum that I assessed were unnecessary at the time. However, my positionality is not reflective of most, and it is very clear how difficult it is for birthing people to self-advocate within the systems of hospital-based labor and delivery and during such a vulnerable time. In fact, avoiding this rigid and disempowering system of control was precisely why I elected to attempt a homebirth, and while I don't feel badly about my hospital delivery and my transfer was smooth…, I do wish I didn't have to work so hard to have my personal needs and interests respected within the hospital setting."

Informed Choice

Another common theme that emerged was informed choice. Lack of informed choice was one of the main issues that respondents had with their hospital care. Respondents compared the level of informed choice in the hospital with what they were accustomed to in midwifery care unfavorably. When respondents felt like they had received informed choice it was a large part of what they described as positive about their experience.

"It felt like informed consent did not exist. With my midwife, we had a thoroughly discussed plan for everything, including things like IV antibiotics, infant eye drops, vitamin k, etc. at the hospital no questions were asked and even after my son was born via c section, if his dad had not been with him, our son would have gotten the eye drops which we had planned to not receive. (He stopped her right as she held the bottle over my son's eyes)."

"I would have like to know all the risks associated with the possible drugs and inducing methods. When I asked nurses at the hospital they basically said there was no risk, and had to go look up drug side affects for me as they couldn't answer my questions."

"We felt very patronized the entire stay. Informed consent was not given."

"my husband had to argue with her about waiting to cut the umbilical cord and she reached inside me and pulled out my placenta without my consent"

"I was absolutely not given informed choice about my induction-I found out afterwards I could have been allowed to wait rather than rush to induce. No one told me or my wife we could wait, and the consequences of that were emotionally and physically devastating."

"When I was unsure I wanted a blood transfusion they gave me plenty of time to think it over, and gave me true informed consent."

Positive Experiences

Many respondents had positive transfer experiences. Common themes in these experiences were that mothers/birthing parents felt that they were treated with respect and kindness, not rushed, and given informed choice. Respondents definitely noticed when hospitals made an effort to be welcoming to transfers. The word "respect" was used in most of the comments about positive hospital experiences.

"The hospital was respectful to me and really listened and did their best to consider and accommodate my needs."

"We were all treated respectfully, and the nurses in particular understood a hospital induction was not at all what I wanted."

"I had an excellent transfer experience. I was treated with respect throughout the entire process."

"The admitting nurse was great and friendly and the hospital midwife was very informative. It was also very nice that they assigned me a doula who took pictures during her delivery."

"Honestly the whole experience was way more pleasant than I anticipated. The nurse who cared for me before and after my c section shared that she had birthed all of her kids at home. I felt like there was no judgment from any of the staff members, and that they were truly acting in our best interest. It seemed like they tried everything they could to preserve a vaginal birth, and they were empathetic when deciding to move to a c section. They also called my midwives to discuss their rationale."

Preparation for Transfer

Another theme in the responses was preparation for transfer. Only a few respondents felt fully prepared for transfer and a number of them expressed that they avoided thinking about transfer because of their strong belief in natural birth.

"I felt prepared in the sense that I trusted my midwife 100% and felt confident in that I would be okay and she knew when and how to make that call, but mentally I was not. But I know a large piece of that was me not wanting to 'put it out in the universe' because of a core belief I hold about birth not having to be a medical event."

"I knew it was a possibility but I was not mentally prepared and did not have a bag packed. I considered it an unlikely occurrence."

"I intentionally didn't dive too deep into looking into hospital transfers... I left at the end of my birthing classes when they started talking about c sections and I was so certain I would have a home birth."

"Our midwife fully prepared us for the possibility of transfer, kept us calm, and set clear expectations throughout the entire process."

Bias Against Community Birth

Many respondents perceived bias from hospital staff against community birth, especially home birth. This ranged from mild to severe and included reports of being mocked or shamed for attempting a home birth.

"We were judged treated unkindly as irresponsible people who endangered our baby through home birth. They resented us asking questions about treatment."

"Upon arrival (brand new father and his newborn) the admitting person insulted my husband saying something about how she hoped he was at least responsible enough to have insurance."

"I was treated poorly by two different nurses when they learned I had just had a home birth. One nurse implying that had I not had a home birth I wouldn't have had a hemorrhage."

"It felt awful to be treated as less than because of my home birth. Instead of being treated with care and support by nurses, it felt they were looking down their nose at me because I still ended up at the hospital."

"There is a lot of work to be done to improve how moms are treated when they need to transfer. They receive even more of the abuse they so desperately wanted to avoid in the hospital when they need to transfer. Most moms who choose out of hospital birth are doing so because they don't want to be coerced and abused by doctors and nurses. To feel like their birth "failed" and to be met with aggression by the care providers who they are forced to interact with, just adds to the mental health problems that are so prevalent in the postpartum period."

Major Positive Impact of a Welcoming Provider

Another common theme was that having even just one welcoming provider or nurse made a huge positive impact on the person's experience of transfer. Some respondents directly stated that individual providers or nurses prevented the experience from being traumatic or harmful.

"There was one RN on the second day of the hospital stay who actually treated us kindly, respected our choices, and helped protect our rights as parents. Between her and the delivering OB, they changed my overall experience in the hospital and I feel prevented what could have been a difficult and traumatic experience."

"One of the OBs and the pediatricians were nice and respectful. The OB who told me she had to take me for an emergency c section was kind, I could tell she knew she was telling me the last thing I wanted to hear. There was a nurse midwife who was extremely kind. Although even with her, I would often feel forgotten about in the crazy hospital system."

"The OB I first met with upon arrival was pushy and felt like eager to deliver at the end of her shift. My body and baby decided to wait for the next doctor and we are so glad, he was quiet, calm, respectful and encouraging as I brought my baby earthside."

Mistreatment

Respondents shared a significant number of experiences of mistreatment in the hospital. Vaginal exams were a common focus of these stories of mistreatment.

"The nurses would try scare tactics to get me to do what they wanted. Also, I was "checked" by about 10 hands and I found that to be too much"

"Obstetric violence occurred during a vaginal exam."

"The hospital treated myself my midwife, my friends and family like absolute garbage."

"She gave me an episiotomy at the last second without my consent"

"Neonatologist was threatening and unwilling to hear concerns."

"During a contraction at surgery prep, I sat up for more comfortable position and a nurse (gently) pushed me back down telling me not to move. That's not caring for a patient, that's running me through a system."

"During pushing the obgyn gave an open ended threat in the way of saying "if you don't push baby out in the next push.....", which was not an appropriate way for expressing urgency or knowledge of the step that would need to be taken next"

"The doctor was quite rough when she was examining me. Extremely painful, and the baby's heart beat went eratic while she was doing it. She seemed displeased that I was there. She seemed rushed about the decision to do a c-section as she was going off shift shortly."

Collaboration

Respondents expressed gratitude and positive feelings when they noted collaboration between hospital staff and community midwives. It was a topic that was highly associated with positive feelings about the transfer. Alternately, respondents who perceived that the community midwife was disrespected expressed disappointment and frustration.

"Amazing! The obstetrician really respected my midwife's knowledge and let her be actively involved in helping me labor. They collaborated and explained things together for me. I was so impressed, pleased and grateful."

"My midwife was very respectful. But I did not like how the staff treated her, they looked down upon her. And were also very uneducated on what a midwife was capable of."

"My home birth midwives provided all the pertinent information to the hospital nurse midwives timely. I felt like they really worked together to make the transition work as well as possible. Additionally, even though I didn't receive direct medical care from my home birth midwives once under the care of the nurse midwives, they were present during my birth and I felt like I still had that continuation of care."

"The nurse midwives at the hospital were amazing. They let me push in many different positions and were such cheerleaders. Also, my home birth midwives were in the room the whole time and that really helped. Especially when we had decisions to make that we hadn't thought out yet, it was great to get information from them."

"I believe that if a transfer is looked at as a collaboration and not fault on any parties involved would be best. Undermining the chosen care provider for an individual is not an appropriate reaction on incoming individuals in such a high stress situation. The person who was chosen was chosen based on factors that include a trust that is not a

part of the hospital environment, so instilling collaboration and respect will help ease any additional stress on the mother and father."

Control

Respondents expressed a desire to be in control. When respondents described being in control it was always in the context of a positive transfer.

"The hospital was very accommodating to our wishes, and I felt like my husband and I were in full control of our birth decisions."

Separation of Mother and Baby

Separation of mother and baby, even briefly, was a strong concern of respondents.

"It was very difficult for me and my partner for me to be separated from my baby during that short time."

"Once we were in the hospital, we were beholden to their rules. This included separation while our baby was treated in the NICU, which has had long-lasting negative effects. Even with a fairly positive transfer experience, we dealt with certain hospital staff acting as sort of gatekeepers to me accessing our baby, and that's just not ok."

"I shouldn't have been separated from my baby for most of her first 48 hours. She was sent to [another hospital] and they wouldn't let me come with her, they made me stay at [hospital] for blood transfusion and gave me no option to leave to follow her"

"baby [should stay] with mom 100%, Not wheeled to a deserted corner to "recover" entirely alone for 30min."

Respondent Recommendations for Improving Community Birth Transfers

Mothers/birthing parents had clear recommendations for improving community birth transfers both at the provider and system levels. The following is a summary of their recommendations for each provider group, as well as for hospital systems and community midwife and hospital collaboration.

Community Midwives

- Work on relationship with hospitals
- Discuss transfer earlier and more in depth
- Encourage clients to pack a bag for transfer
- Communicate clearly with the hospital before arrival
- Give clients space to process transfer experience
- Provide resources like videos, books, or support groups for processing trauma and grief

EMS

- Provide training on community birth transfers for EMS
    - Laboring people want calm and respectful care
- Let baby and mother ride in ambulance together regardless of who is the patient

- Communicate clearly with hospital before arrival

Hospital Staff

- Act with kindness and respect
- Improve informed choice in all examinations, procedures and decisions
- Don't rush
- Support birthing person to be in whatever position she wants
- Welcome and include the community midwife
- Do not express judgement about the parent's choice of community birth or other choices
- Work on communication and warmth
- Coordinate discharge and postpartum care with community midwife
- Understand and communicate that a transfer is not a "failed" home birth or birth center birth but is appropriate care

Hospital Systems

- Provide midwife to midwife transfer
- Coordinate discharge and postpartum care with community midwife
- Do not route community birth transfers through the ED.
    - This is especially a concern in the postpartum period
- Do not separate mothers and babies. Create flow of care even in urgent situations around keeping mother and baby together
- Support skin to skin immediately at birth including in cesarean sections
- Allow community midwives in OR during cesarean sections
- Create a more peaceful and comfortable environment physically and socially/emotionally
- Ensure all providers and staff are communicating the same policies to families
- Improve maternal postpartum care after discharge for all patients (respondents said they would not have had sufficient care without follow-up community midwife care)
- Reduce postpartum interruptions when mother/birthing parent is resting
- Structure labor rooms & policies to encourage full freedom of movement for laboring person
- Train hospital staff on welcoming community birth transfers
- Provide vaginal breech birth options
- Provide more lactation support
- Provide and promote option of prenatal preregistration and hospital tour for people planning community birth
- Provide rapid access to epidural if transfer is specifically for pain relief
- Allow non-admitted newborn to stay with admitted mom
- Provide clear information about the cost of services

NICU

- Remove any policy or practice impediments to parent access to their baby in NICU
- No gatekeeping of parent access to baby
- Provide mental health support to parents with baby in NICU

- Refrain from expressing judgement (verbally or nonverbally) about parent choices

Collaborative

- Continue projects like the current OPC collaborative project
- Build relationships and work on communication outside of transfers

The mothers/birthing parents who responded to this survey were very happy to be asked what they think. They thanked us for doing this transfer improvement work and encouraged us to continue.

Report compiled by Silke Akerson.

[i] 10 responses were incomplete so results for each question were calculated using the total number of responses for each particular question.