



May 2023

Implementing Midwifery Care Policies in California-Based Hospitals

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Purchaser Business
Group on Health



About

The Purchaser Business Group on Health (PBGH) in partnership with the California Nurse Midwife Association (CNMA), developed this implementation guide for hospitals interested in updating their policies to include midwifery care. This implementation guide focuses on integrating certified nurse-midwives (CNMs) from the community into a hospital facility by creating or updating policies and bylaws to include midwifery care (including admitting privileges.) A community CNM practices in facilities external to the hospital setting, such as Federally Qualified Health Centers (FQHCs) or birth centers. CNMs are “medical professionals who offer holistic, family-centered care during pregnancy, childbirth, and postpartum...[CNMs] have a master’s degree and a national certification from the American College of Nurse-Midwives. A CNM has the medical expertise of an advanced practice nurse, and the practical knowledge of how to support a normal pregnancy and childbirth.”¹

Rationale

In response to the growing consumer demand for more choice in maternity care team and the benefits of maintaining continuity of care from the outpatient to the inpatient setting, PBGH developed this implementation guide for hospitals in California to enhance their maternity policies by integrating midwifery care. These policies include, but are not limited to, admitting privileges and defined scope of practice for CNMs to promote team-based care for mothers and their families.

Collaborative team-based care improves health outcomes and the patient experience for mothers and babies.² Not only does team-based care introduce a wider variety of perspectives and backgrounds, but it also increases the likelihood that the patient’s wishes are at the center of care, enhancing the patient experience and improving health equity.² In the wake of staggering statistics surrounding the disparities in maternal mortality and morbidity in the United States, it is essential

¹ <https://mydoctor.kaiserpermanente.org/nca/article/midwife-services-for-pregnancy-and-childbirth-1245913>

² <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/task-force-report/articles/2016/collaboration-in-practice-implementing-team-based-care.pdf>

for physicians and midwives to develop collaborative relationships to improve health outcomes for all mothers and their babies.³ Implementing new hospital policies to include midwives and improving current processes to support hospital and community provider collaboration can be an effective way to reduce health disparities.⁴ Choice in childbirth is at top of mind for patients and providers as more women become interested in less medicalized maternity care (e.g., midwifery care).⁵ Consumer demand for midwifery care has steadily increased in recent years as more women have become aware of the different methods of care available to them during their prenatal and postpartum periods. It is an opportune time for hospitals to develop relationships with community CNMs and grant them admitting privileges in response to consumer demand.

In addition to the numerous health benefits for patients, there is an ongoing Obstetrician-Gynecologist (OB/GYN) shortage that is expected

to increase substantially by 2030.⁶ This could impact quality of care and likely exacerbate provider burnout and lead to greater strain on the health care system. A team-based care model is likely to improve collaboration and joy in practice for physicians, preventing burnout.⁷ It's essential for hospital leadership to take steps to improve policies and processes to prevent provider burnout, both in Labor and Delivery (L&D) practice and other hospital departments.

Physician-midwife collaboration is already common practice in parts of the U.S., including California. Further, policy changes in California have made effective collaboration in the hospital setting more of a possibility. In 2020, SB-1237 was signed into law, removing the previous requirement for midwives to be supervised by physicians in the hospital setting.⁸ This law provides midwives with the ability to practice at the full scope of their education, training and expertise, increasing quality and value of care for patients.

3 <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.pdf>

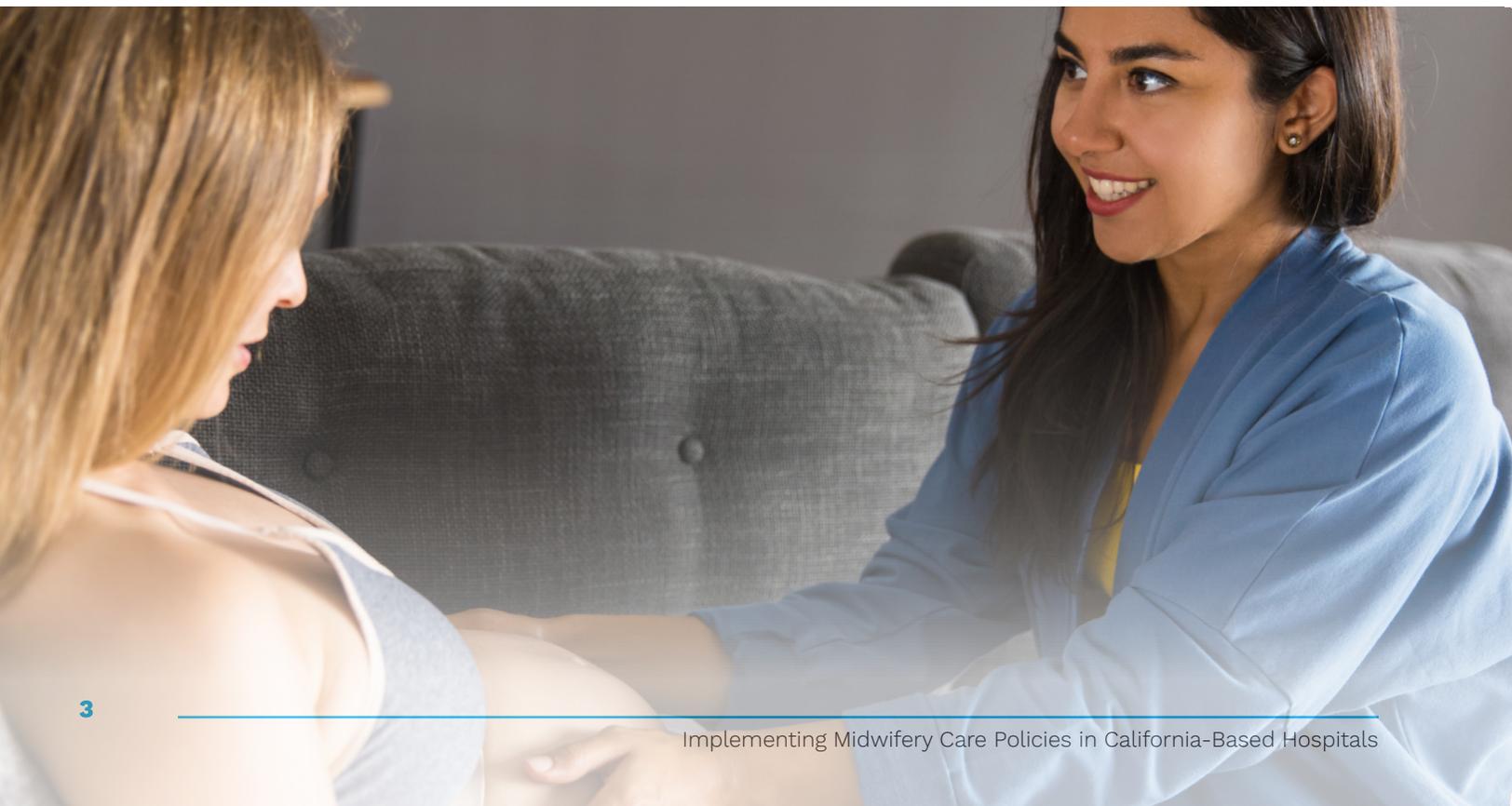
4 https://journals.lww.com/ipnnjournal/fulltext/2022/04000/we_are_not_asking_permission_to_save_our_own.12.aspx

5 <https://www.chcf.org/wp-content/uploads/2018/09/ListeningMothersCAFullSurveyReport2018.pdf>

6 <https://www.acog.org/news/news-releases/2015/03/nations-obgyns-meet-in-washington-to-bridge-the-gap-in-womens-health>

7 <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0192523>

8 <https://www.cnma.org/sb1237>



Recommended Strategies

There are many considerations and strategies that should be evaluated to successfully implement midwifery care policies into your Labor and Delivery (L&D) practice:

Evaluation of operational needs

- Prior to initiating a change in your L&D practice policy, assess your current operational needs:
 - What is our annual/monthly birth volume?
 - Are there coverage gaps in our team? How could those gaps be filled?
 - Could midwives support areas where we are under-resourced?
 - Could midwives bring additional services (e.g., group prenatal care, VBAC management) to our facility?
- All L&D staff should be surveyed before initiating any policy changes to gain a better understanding of staff challenges, job satisfaction and readiness to welcome midwives into the L&D practice. It is important to create a space for open dialogue with staff to educate them about the benefits of physician/midwife collaboration.

- Find champions both inside and outside of your organization to form your “implementation team,” including medical and nursing staff. Gaining an understanding of the committees that need to approve midwifery policies is key to successful implementation and provides the opportunity to find champions within those committees. Midwives attending births at your facility for the first time may feel, to some, like a big change. This change is likely to run more smoothly and be more well-received when champions join forces and work together in a variety of ways.
- L&D leadership should conduct a market scan to determine the presence of local birth centers, community CNMs and medical groups who employ midwives. Leadership should be prepared to conduct outreach to community CNMs to gauge interest and willingness to partner with the hospital, if partnerships do not already exist.

Financial considerations

- Any change in operations will require financial investment and leadership buy-in to ensure successful and sustainable implementation. Implementing policies for physician-midwife collaboration is a long-term investment in improving patient outcomes and experience. Updating hospital maternity policies may also attract more patients and providers.

Implementing policies in your hospital: How to Get Started

In addition to recommended steps for successful implementation, below you will find several resources and considerations for your organization to use to support successful implementation of midwifery care policies.

Pre-Implementation

| Sequence of steps | Recommended resources & considerations |
|---|--|
| Assess current L&D staff and birth volume | |
| Conduct market scan of local community birth center and CNM presence | <p>Consideration:</p> <ul style="list-style-type: none"> Evaluate your existing relationships with local midwives and birth centers; if needed, reach out to CNMA for information on practices and midwives in your region. |
| Provide education to L&D staff regarding the opportunities and benefits associated with physician-midwife collaboration and the key principles of team-based care | <p>Recommended Resources:</p> <ul style="list-style-type: none"> Collaborating in Practice Implementing Team-Based Care (American Congress of Obstetricians and Gynecologists) Toolkit to Support Vaginal Birth and Reduce Primary Cesareans, Part V (California Maternal Data Center) |
| Survey L&D staff to assess challenges, job satisfaction and readiness to welcome CNMs into the department | <p>Example survey questions:</p> <ul style="list-style-type: none"> What are the team strengths/vision and how can we build on or improve them? What is facilitating or getting in the way of robust interprofessional collaboration and trust among physicians and midwives and/or hospital and community colleagues? If you were to bring on midwives today, how would the midwifery model of care fit into your work setting and/or philosophy? <p>Considerations:</p> <ul style="list-style-type: none"> The survey should address the following themes: <ul style="list-style-type: none"> Patients/family as active care team members Shared vision across team Role clarity Individual accountability Effective Communication Dynamic leadership⁹ The survey is meant to be an opportunity to create an open dialogue among L&D leadership and team members. |

continued

⁹ https://acnm-acog-ipe.org/wp-content/uploads/2021/03/2_26_21_Guiding-Principles_RD.pdf

Sequence of steps

Recommended resources & considerations

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| <p>Consult with your state’s Nurse-Midwife Association as needed re: your written policies for midwifery care and to assess potential areas for improvement</p> | <p>Recommended Resource:</p> <ul style="list-style-type: none">• PBGH Written Practice Guidelines |
| <p>Map out the process for approval by each necessary committee at your facility</p> | <p>Recommended Resource:</p> <ul style="list-style-type: none">• Medical Staff Essentials: Your Go-To Guide (Joint Commission) <p>Consideration:</p> <ul style="list-style-type: none">• Committee meetings are often planned months in advance, so it is important to create a timeline for implementation and committee approvals (e.g., Interdisciplinary Committee, possibly Bylaws Committee, Executive Committee). |

Post-Implementation

Sequence of steps

Recommended resources & considerations

| | |
|---|---|
| <p>Market your new maternity services</p> | <p>Considerations:</p> <ul style="list-style-type: none">• Update your website to highlight new midwifery services.• Explore Information Technology (IT) and Electronic Medical Record (EMR) possibilities (e.g., include midwifery information in After Visit Summary).• Consider sharing practice updates on social media channels.• Search for community announcement opportunities about practice updates (e.g., local/neighborhood newspapers, newsletters, hospital bulletin boards). |
| <p>Develop defined scope of practice across the care team by hosting simulations with physicians, CNMs and nurses</p> | <p>Recommended Resource:</p> <ul style="list-style-type: none">• PBGH Hospital Guide to Integrating the Freestanding Birth Center Model <p>Considerations:</p> <ul style="list-style-type: none">• Ensure physicians, midwives and nurses are an integral part to the development of scope of practice and agree to the final terms. |

continued

Sequence of steps

Recommended resources & considerations

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| <p>Collect staff feedback via surveys or interviews to assess challenges and satisfaction with new policies six months after implementation</p> | <p>Recommended Resource:</p> <ul style="list-style-type: none">• Collaborating in Practice Implementing Team-Based Care (ACOG)• The Next Step in California’s Quality Improvement Journey: Integrating Midwives, Doulas, and Community-Based Birth Care<ul style="list-style-type: none">• Webinar• Slide Set <p>Considerations:</p> <ul style="list-style-type: none">• Use the same questions that were included in the survey administered in the pre-implementation phase. Additionally, in-person meetings with the new midwives, collaborating physicians and nurse leaders is highly recommended and will be critical to improving policies and gauging progress. Plan to submit potential changes to your policies and protocols for committee approval at the one-year mark. In addition to L&D staff interviews, leadership should consider scheduling formal meetings, which might include interdisciplinary committee meetings and peer reviews, and simulation/training days. |
| <p>Track percentage of CNM deliveries and outcomes.</p> | <p>Recommended Resource:</p> <ul style="list-style-type: none">• Midwife delivery data is tracked on Cal Hospital Compare and is available to California Maternal Data Center member hospitals. |
| <p>Use progress measures to determine program effectiveness.</p> | <p>Recommended Resource:</p> <ul style="list-style-type: none">• Use patient experience measures (e.g., HCAHPS) to gauge program effectiveness in improving health outcomes and patient satisfaction. |
| <p>Assess status of facility-level integration of midwives, and make improvements where needed.</p> | <ul style="list-style-type: none">• Toolkit to Support Vaginal Birth and Reduce Primary Cesareans (California Maternal Health Data Center — tables 43 and 44) |



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About PBGH and CNMA

Purchaser Business Group on Health (PBGH) is a nonprofit coalition representing nearly 40 private employers and public entities across the U.S. that collectively spend \$350 billion annually purchasing health care services for more than 21 million Americans and their families. PBGH has a 30-year track record of incubating new, disruptive operational programs in partnership with large employers and other health care purchasers. Our initiatives are designed to test innovative methods and scale successful approaches that lower health care costs and increase quality across the U.S.

The California Nurse Midwife Association (CNMA) is the professional organization representing Certified Nurse-Midwives and Certified Midwives in the state of California. We are an affiliate of [The American College of Nurse-Midwives](#). CNMA advocates for the people we serve, our communities and the midwifery profession. We aim to increase access to midwifery care, improve maternal-child health care outcomes with a specific focus on reducing racism-based disparities, and to advance sexual and reproductive healthcare in California.

To learn more about the ways we can support your providers and patients, please reach out to us at info@pbgh.org.

