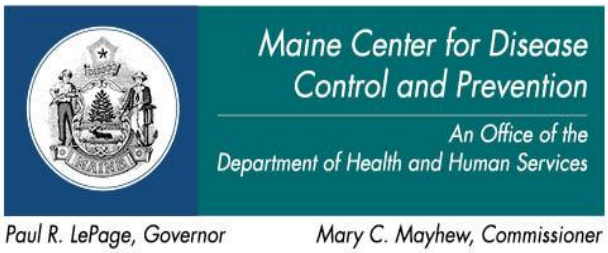

Best Practice Recommendations for Handoff Communication During Transport from a Home or Freestanding Birth Center To a Hospital Setting

The Maine Center for Disease Control and Prevention – 2014

Best Practice Recommendations for Handoff Communication
During Transport from a
Home or Freestanding Birth Center to a Hospital Setting

This Guide was developed by an interprofessional workgroup convened by the Dr. Sheila Pinette, Director, Maine Center for Disease Control and Prevention (Maine CDC).

Appreciation goes to the diverse workgroup members whose shared purpose was to work collaboratively so that families who choose home and freestanding birth center as the location for their baby's birth have access to the full spectrum of effective and respectful maternity care.

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Introduction:

The Maine CDC developed these *Best Practice Recommendations for Handoff Communication during Transport from a Home or Freestanding Birth Center to a Hospital Setting* to provide a uniform standard to guide communication across settings and professionals caring for women and newborns that are transferred from a home or freestanding birth center to a hospital setting.

The key premise of the Recommendations is that every woman and newborn deserves ready access to quality maternity and newborn care that is respectfully provided; addresses identified health needs; and honors cultural and social preferences as identified in *Quality Patient care in labor and delivery: A call to action*.

This document is not intended as an endorsement of birth at home or freestanding birth centers. This document is intended as a public health measure to promote effective rapid transport from a planned home or freestanding birth center birth.

"'Patient-centered' means that health care providers, and the system in which they practice, accept that the values, culture, choices, and preferences of a woman and her family are relevant within the context of promoting optimal health outcomes." [1]

The Recommendations seek to decrease barriers to hospital-based maternity care through effective communication and guidance for respectful family-centered care. It provides a communication framework

[1] Lawrence HC, Copel JA, O'Keeffe DF, Bradford WC, Scarrow PK, Kennedy HP, et al. Quality Patient care in labor and delivery: A call to action. Am J Obstet Gynecol. 2012;207:147-8.doi: 10.1016/j.ajog.2012.07.018. http://www.acog.org/~/media/Departments/Patient%20Safety%20and%20Quality%20Improvement/Call%20to%20Action%20Paper.pdf?dmc=1&ts=20131002T1345460084.

Quality Patient Care in Labor and Delivery: A Call to Action

"Attention to language, communication, and care practices can create a climate of confidence as well as enhance the woman's child-bearing experience.

Effective communication is patient-centered, timely, direct, and specific, and occurs between the woman, her family, and members of the care team.

Body language, non-verbal cues, courtesy, and prior experiences with team members can all strongly affect the content and effectiveness of any communication."

Lawrence HC, Copel JA, O'Keeffe DF, Bradford WC, Scarrow PK, Kennedy HP, et al. Quality Patient care in labor and delivery: A call to action. Am J Obstet Gynecol. 2012;207:147-8.

within which to address issues and concerns that may arise.

Coordination of handoff and expectations for interdisciplinary communication preceding and during transfer of care between settings has been shown to improve outcomes. The American Congress of Obstetricians and Gynecologists (ACOG) states "One of the leading causes of medical errors is breakdown in communication. Properly executed handoffs are interactive and include the opportunity for questions and answers. Communication at the time of handoff should result in a clear understanding by each clinician about who is responsible for which aspects of the patient's care." [2]

Organizational culture may act as a barrier to effective communication and teamwork, for example, settings in which hierarchy and intimidation, failure to function as a team, and failure to follow the chain-of-communication are present. [3]

Maine-specific hospital regulations and the federal Emergency Medical Treatment and Labor Act (EMTALA) law establish the legal framework for requiring open access to hospital care in the perinatal period. This document provides core elements to support effective handoff from home or birth center to hospital.

The best available evidence shows that the highest quality care across settings occurs through seamless coordination of inter-professional care. The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Position Statement on Midwifery emphasizes "Because women may choose different settings for birth (hospital, free-standing birth center, or home) it is important to develop policies and procedures that will ensure a smooth, efficient transition of the patient from one setting to another if the her clinical presentation requires a different type of care."[4]

These Recommendations emphasize that the preferences of each Family should be noted and honored whenever possible, including during emergent situations.

[2] ACOG Committee Opinion, No. 517. Communication Strategies for Patient Handoffs. 2012. http://www.acog.org/~/media/Committee%20Opinions/Committee%20on%20Patient%20Safety%20and%20Quality%20Improvement/co517.pdf?dmc=1&ts=20131030T1556376525.

[3] Joint Commission, Sentinel Event Alert Issue 30: Preventing infant death and injury during delivery, Joint Commission, 2004. http://www.jointcommission.org/assets/1/18/SEA_30.PDF

[4] AWHONN Position Statement. Midwifery. 1985. Revised and reaffirmed 2009. https://www.awhonn.org/awhonn/content.do?name=07_PressRoom/07_PositionStatements.htm

Pre-Labor Transport Guidance: *(For midwife or physician arranging transport)*

Women who chose to give birth at home are attended by a range of practitioners, individuals, or family members. These recommendations form the basis for anticipatory discussion of the potential for transport and provide guidance to support decision-making and facilitate a smooth transition of care from the home or freestanding birth center to the health care setting.

Before labor: Explore with parents their preferences for hospitals based on the indication for transport and existing professional relationships with hospital-based maternity and pediatric care providers. Explore transport options with local emergency medical services (EMS) providers regarding which hospital(s) they travel to from the planned birth location based on the indication for transport, parent's preferences and existing professional relationships with hospital-based providers.

When transport is indicated:

1. Provide emergency care as indicated.
2. Decision to call the hospital versus 911 is based on nature of emergency.
    a. For Emergency Medical Services (EMS), call 911 first, then contact hospital
    b. Decision for Emergency Medical Services or private car:
        i. Nature of emergency or reason for transport
        ii. Resources of EMS (such as stretcher, intubation, IV, communications)
        iii. Distance from hospital
        iv. Parameters of local ambulance service
            1. EMS distance from the location needed
            2. EMS staff availability and skill level
        v. Availability of
            1. Appropriate and safe driver for private car
            2. Adequate room in vehicle for continued care
        vi. Weather or other local factors
3. Communicate using ***S***ituation, ***B***ackground, ***A***ssessment, ***R***ecommendation (SBAR) format (see Appendices)
4. When EMS providers are requested, use ***SBAR*** to provide updated information to EMS on arrival at the birth location. EMS is a 'consult'; their director is an in-hospital medical provider. In addition, identify:
    a. Birth attendant name and credentials
    b. Birth attendant skill set
    c. Anticipated EMS role or skills indicated
    d. "This is what I am doing/can do, and this is what I need from you…"
5. Dialogue with EMS as necessary to provide additional clinical information and *establish roles for care*
6. When EMS facilitates transport, EMS provides emergency care and support under the guidance of their medical director.
    a. If permitted, the certified professional midwife may travel with the patient in the ambulance
    b. The CPM provides support to the patient when permitted to travel with the patient.
7. Travel with or meet client at the hospital
8. Provide focused concise report to receiving hospital-based personnel using ***SBAR*** format
9. Provide complete ***copy*** of current pregnancy-related and newborn records. Retain original records.
10. Continue to participate in client care as agreed with client and hospital-based providers.

Best Practice Recommendations

Purpose: To provide communication guidelines for the care of mothers and newborns associated with transfer from a planned home or freestanding birth center birth to the hospital setting.

A woman who plans birth in the home or at a freestanding birth center or a newborn infant born in one of these settings may be transferred to the hospital for care in accordance with best practices and supported by the Emergency Medical Treatment and Active Labor Act (EMTALA) regulations. The appropriate on-call physician (MD or DO), certified nurse midwife (CNM) or house officer will accept the transfer of care. The highest quality care in all settings and during transfer of care occurs with respectful teamwork, ongoing communication and the provision of family-centered, compassionate care.

Recommendations for handling of transports are based on the following principles:

- ✓ Family-centered, supportive, and respectful care is provided to all women and families who present for care.
- ✓ The welfare of the patient(s) is central to professional communication and action among all hospital-based personnel, emergency medical services providers, and the transferring midwife or physician to facilitate ongoing, seamless coordinated care of the mother and fetus, or newborn.
- ✓ The ***SBAR*** format (***S***ituation, ***B***ackground, ***A***ssessment, ***R***ecommendation) for communication is used to guide the transfer of care from community-based providers to hospital-based care providers.
- ✓ The midwife or physician who does not have hospital privileges at the hospital where the woman or newborn is receiving care may act as a doula or support person.
- ✓ The mother and her baby are kept together as much as feasible based on the clinical situation and as desired by the family.
- ✓ Intentional structured post-transport debriefing is recommended as a quality improvement mechanism for enhancing the *transport process*. (*see* Appendix G: Professional Competence Review Process)
- ✓ Patient care disagreements are handled in a respectful, professional manner.

Role of the Mother

A. Women are free to choose their birth setting, birth attendants, and support people. Collaborative practice includes the woman in shared and informed decision-making regarding her health and health care choices.

B. Women are expected to participate in the informed consent process with their birth care provider for planned home or freestanding birth center birth

C. Women are expected to participate in discussion with their birth care provider regarding indications and potential for transport

D. Women are encouraged to notify the local EMS prior to the anticipated planned home birth and provide directions to home

E. During transfer of the pregnant woman:

   a. Women are encouraged to partner with health care professionals to facilitate care (ask questions, seek information, voice concerns, provide accurate information)

F. During transfer of the newborn:

   a. The mother or other family member who is legally authorized to consent to treatment for the child is encouraged to accompany the infant

b. The mother or accompanying family member is encouraged to partner with health care professionals to facilitate care (ask questions, seek information, voice concerns, provide accurate information)

G. Women are encouraged to follow-up with their health care professionals regarding care received (ask questions, seek information, voice concerns, provide feedback)

H. Women are encouraged to complete and submit the form: Evaluation and Feedback about Transport Process (*see* Appendix I), as desired

Role of the Transferring Midwife or Physician

A. Prenatally prepare family for potential transport and identify geographic, home accessibility, travel time or weather-related concerns that may affect transport in the event of an emergency

B. Freestanding Birth Center providers are encouraged to meet and build collaborative relationships with their local EMS providers

C. Notify OB or pediatric provider of impending transport, based on provider and hospital

D. Notify the hospital of the anticipated transport, and means of transportation (EMS or private car)

E. Provide essential information using SBAR format

F. Provide completed Maine Home or Freestanding Birth Center Maternal/Neonatal Transport Form (*see* Appendix E)

G. Provide complete ***copy*** of current pregnancy-related and newborn records. Retain original records

H. Clearly identify self and scope of practice to EMS and/or hospital provider, identifying professional credentials and skill sets (*see definitions*). For example "I am Carol, I am a Certified Professional Midwife and am skilled in newborn resuscitation."

I. Transfer of the pregnant or postpartum woman:

a. Provide information about the intrapartum care provided, including assessments of the woman and fetus, labor progress, and reason(s) for transport

b. Provide doula care/labor support when the mother desires

J. Transfer of the newborn:

a. Provide information about the pregnancy, labor and birth, and immediate newborn care, including resuscitation measures and reason(s) for transport

K. When a health professional's recommendations are different from the values or beliefs of the family or birth care provider, continue to provide a respectful and caring presence with the health care team

L. Provide respectful and professional demeanor and actions with transferring professionals even when their recommendations for care are not consistent with the values of beliefs of the birth care provider

M. Participate constructively in transport debriefing, as possible

N. Complete and submit the form: Evaluation and Feedback on tools provided in the Maine CDC Best Practice Recommendations (*see* Appendix H)

Role of the Emergency Medical Service Provider

A. EMS providers are bound by a very precise protocols that can be accessed at: http://maine.gov/ems/documents/2013_Maine_EMS_Protocols.pdf

B. Clearly identify self and scope of practice to in-home provider based on professional roles and skill sets (*see definitions*). For example "I am Chris and I am a paramedic."

C. Notify the hospital of the estimated time of arrival

D. Provide coordinated information to hospital-based providers

E. Provide a respectful and caring presence for mothers, their support people and family, even when their health-care choices are not consistent with the values or beliefs of the EMS professional

   a. Hospital admission when out-of-hospital birth was planned can be a disappointing change in the birth plan, and may be accompanied by complications that result in feelings of fear and loss of control

   b. Culturally competent care includes assessing the beliefs and values of the family and providing for these needs, as well as the medical and nursing care indicated by the clinical circumstances

F. Provide respectful and professional demeanor and actions with transferring birth care professionals even when their recommendations for care are not consistent with the values of beliefs of the EMS provider

G. Participate constructively in transport debriefing, as possible

H. Complete and submit the form: Evaluation and Feedback on tools provided in the Maine CDC Best Practice Recommendations (*see* Appendix H)

Role of the Receiving Registered Nurse

A. Receive information about impending transfer from home or freestanding birth center provider, EMS, or practitioner who has accepted the transfer

B. Notify appropriate on-call hospital health provider(s) regarding impending transfer from planned home or freestanding birth center birth

C. Welcome mother and accompanying family and birth provider

D. Triage the mother and/or infant on arrival

E. Use in-person verbal communication with transferring birth provider and ***SBAR*** Transport Form information to guide initial nursing assessment, triage and actions

F. Notify the collaborative physician if the out-of-hospital birth care provider has this arrangement; otherwise notify the on-call physician of the patient's arrival and status

G. When a family's health-care choices are different from the values or beliefs of the staff member, continue to provide a respectful and caring presence for mother, support people and family

   a. Hospital admission when out-of-hospital birth was planned can be a disappointing change in the birth plan, and may be accompanied by birth complications that result in feelings of fear and loss of control

b. Culturally competent care includes assessing the beliefs and values of the family and providing for these needs, as well as the medical and nursing care indicated by the clinical circumstances

H. Provide respectful and professional demeanor and actions with transferring birth care professionals even when their recommendations for care are not consistent with the values of beliefs of the nurse

I. Participate constructively in transport debriefing, as possible

J. Complete and submit the form: Evaluation and Feedback on tools provided in the Maine CDC Best Practice Recommendations (*see* Appendix H)

Role of the Receiving Obstetrical or Pediatric Care Physician or Practitioner

A. Accept the woman and/or baby in transfer and receive referral and transport information and documentation from the birth care provider and EMS when applicable

B. Use the information provided and engage with the transferring birth care professional to facilitate timely care

C. Recognize that the woman has a professional relationship with the birth care provider

D. Provide a respectful and caring presence for mother, support people and family, even when their health-care choices are not consistent with the values or beliefs of the receiving physician or practitioner

a. Hospital admission when out-of-hospital birth was planned can be a disappointing change in the birth plan, and may be accompanied by complications that result in feelings of fear and disappointment

b. Culturally competent care includes assessing the beliefs and values of the family and providing for these needs, as well as the medical and nursing care indicated by the clinical circumstances

E. Provide respectful and professional demeanor and actions with transferring birth care professionals, even when their recommendations for care are not consistent with the values of beliefs of the physician or practitioner

F. Participate constructively in transport debriefing, as possible

G. Complete and submit the form: Evaluation and Feedback on tools provided in the Maine CDC Best Practice Recommendations (*see* Appendix H)

TO BE USED BY THE PERSON CALLING 911

Appendix A: Brief SBAR Script for Phone Call Initiating Transport by EMS

Instructions: Call 911. Read the script, inserting relevant information to initiate a transport.

Situation:

- This is (***name & credential or relationship***)
- Calling to transport a ***mother; baby; or mother & baby***
- From a planned ***home birth*** or ***freestanding birth center birth***
- Reason for Transport: ***ineffective labor; hemorrhage; newborn resuscitation; other (describe)***
- My call back number is _____
- The client's location is (street address) _____

Provide details of the location (consider in advance): how to find street, house, what floor, whether stretcher is needed or stairs are very narrow, where to find the women/baby if no one can come to the door, and any other pertinent information (such as loose dog in the house).

Background:

Briefly provide the most ***relevant clinical information*** to assist EMS with providing services, such as

- ☐ Client's name
- ☐ Significant prenatal history or labs
- ☐ Vital signs and fetal heart rate
- ☐ Dilation and station
- ☐ Meconium
- ☐ Previous cesarean
- ☐ Estimated blood loss
- ☐ Medications
- ☐ Time of birth
- ☐ Apgar score
- ☐ Newborn resuscitation (describe)
- ☐ Estimated gestational age
- ☐ Other information (describe)

Assessment:

Baby's current condition is ***(describe briefly, including urgency of transport)***
Mother's current condition is ***(describe briefly, including urgency of transport)***

Recommendation:

Requested course of action (***describe the interventions that have been initiated and what you want EMS providers to bring or provide for this woman and/or baby***), such as

- ☐ **Urgency of call**
- ☐ **Stretcher**
- ☐ **IV therapy**
- ☐ **Advanced airway management**
- ☐ **Resuscitation**
- ☐ **Other (describe):**

When client has been seen by a hospital-based provider, identify to EMS which hospital the provider is affiliated with and rationale for transporting to that hospital.

PLEASE NOTE: Once the above information has been relayed to Dispatch, ***birth providers may need to end call*** to allow for appropriate communication with appropriate hospital based provider(s)

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Appendix B: Brief SBAR Form for Recording Phone Call Initiating Transport by EMS Dispatch

Instructions: Complete this form while receiving communication to initiate a transport from a planned home or birth center birth.

Situation:

- ***Name & credential or relationship*** of caller: _____
- Transport of (please circle): ***mother*** ***baby*** ***mother & baby***
- From a planned (please circle) ***home birth*** ***freestanding birth center***
- Reason for Transport: ***ineffective labor; hemorrhage; newborn resuscitation; other (describe):*** _____
- The call back number is _____
- The client's location is (street address) _____

Details of the location: _____

_____

_____

Background:

Briefly provide the most ***relevant clinical information*** to assist EMS with providing services, such as

Client name: _____
Significant hx or labs: _____
Vital signs and fetal heart rate: _____
_____
Dilation and station: _____
Meconium: _____
Previous cesarean ☐ NO ☐ YES
Estimated blood loss: _____
Meds or Tx: _____

Time of birth: _____
Apgar score: 1 min_____ 5 min_____
Newborn resuscitation: ☐ Suctioning ☐ PPV
☐ Chest compressions ☐ Medications
Other: _____
Estimated gestational age: _____
Other information: _____
_____
_____

Assessment:

Baby's current condition: _____
Mother's current condition: _____

Recommendation:

Requested equipment, interventions, personnel and skill level

- ☐ **Stretcher**
- ☐ **IV therapy**
- ☐ **Advanced airway management**
- ☐ **Resuscitation**
- ☐ **Other (describe):** _____

Client has existing relationship with a provider at the following hospital: _____

PLEASE NOTE: *Once the above information has been relayed to Dispatch, birth providers may need to end the call to allow for appropriate communication with appropriate hospital based provider(s).*

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TO BE USED BY THE PERSON CALLING THE HOSPITAL

Appendix C: Brief SBAR Script for Phone Call Initiating Transport to Hospital

Instructions: Call the hospital and ask for the **Labor and Delivery Charge Nurse**. Read the script, inserting relevant information to communicate the intent to transport.

Situation:

- This is (***name & credential or relationship***)
- Calling to transport a ***mother; baby; or mother & baby***
- From a planned ***home birth*** or ***freestanding birth center birth***
- Reason for Transport, such as: ***ineffective labor; hemorrhage; newborn resuscitation; other (describe)***
- Please have the OB or Pediatric care provider call me (optional based on situation)

My call back number is _____

The client's location is _____

Client will be accompanied by: _____

Mode of Transportation: _____ **ETA:** _____

Does the client have Medical Records at this hospital? ☐ **Unknown** ☐ **Yes** ☐ **No**

Background:

Briefly provide relevant ***prenatal, labor & birth, or newborn information***

- ☐ Mother's Name and Date of Birth
- ☐ Gravida, Para
- ☐ Number of weeks pregnant
- ☐ Significant prenatal history or labs
- ☐ Vital signs and fetal heart rate
- ☐ Dilation and station
- ☐ Ruptured membranes x hrs.
- ☐ Color: Clear, Meconium, Other
- ☐ Group B Strep status
- ☐ Previous cesarean
- ☐ Estimated blood loss
- ☐ Medications
- ☐ Therapies administered to mother or baby
- ☐ Time of birth
- ☐ Apgar score
- ☐ Newborn resuscitation
- ☐ Estimated gestational age
- ☐ Other **(describe)**

Assessment:

Baby's current condition is ***(describe briefly, including urgency of transport)***
Mother's current condition is ***(describe briefly, including urgency of transport)***

Recommendation:

Requested course of action (***describe the interventions that have been initiated and what you want the receiving providers to do for this woman and/or baby***)

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TO BE USED BY NURSE RECEIVING A TRANSPORT CALL

Appendix D: Brief SBAR Form for Recording Phone Call to Hospital regarding Transport

Name/Credentials of Hospital Staff receiving call: _____

Date: _____ Time Call Began: _____ Time Call Ended: _____

Situation:

Name & credential/relationship of caller: _____

Transport for ☐ mother ☐ baby ☐ mother and baby

From a planned ☐ home birth ☐ birth center birth

Reason for Transport: _____

_____

Call Back Number: _____ Client's Location: _____

Who will accompany the client? _____

Mode of Transportation: _____ **ETA:** _____

Medical Records at this hospital? ☐ **Unknown** ☐ **Yes** ☐ **No**

Background: Relevant prenatal, labor & birth, or newborn information

Mother's Name: _____ DOB: _____

- ☐ G, P: _____
- ☐ Number of weeks pregnant _____
- ☐ Significant prenatal history _____
- ☐ VS & FHR _____
- ☐ Dilation _____
- ☐ Ruptured membranes x _____ hrs.
- ☐ Color: Clear, Meconium, Other
- ☐ Group B Strep (GBS) neg pos unknown
- ☐ Previous cesarean _____
- ☐ Hemorrhage/EBL _____
- ☐ Medications _____
- ☐ Therapies administered to mother or baby: _____ _____ _____
- ☐ Time of birth _____
- ☐ Apgar score
- ☐ Newborn resuscitation _____ _____
- ☐ Estimated gestational age _____
- ☐ Other: _____ _____

Assessment:

Baby's current condition is (describe) _____

Mother's current condition is (describe) _____

Recommendation:

Caller/birth attendant requested course of action (interventions that have been initiated and what is requested of receiving providers): _____

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BIRTH CARE PROVIDER to complete the sections that are applicable;
demographic and prenatal information may be filled out in advance.

Appendix E: Maternal/Neonatal Transport Form from Home or Freestanding Birth Center

Demographics

Client's Name _____DOB _____Age _____
GP _____Gestational Age _____Weeks by □LMP □ U/S □ B-HCG □ First FHR

Individual(s) who will accompany the woman/baby:

Name _____ Relationship_____
Special considerations for the woman and her family: _____

Prenatal History (Additionally, please supply applicable prenatal records)

Current pregnancy course including any variations _____
Ultrasound findings _____
Labs/Pertinent findings _____
Prior pregnancy outcomes _____
Current meds/supplements _____
Allergies _____
Hx of medical problems_____

Reason for Transport Details

□ **Antepartum:**
- □ **Preeclampsia**: First trimester BP_____ Current BP_____ Urine/pro_____
  - □ Presence of symptoms of severe preeclampsia
- □ **Preterm Labor**: Frequency of contractions_____
  - □ Presence of bleeding or abnormal discharge
  - □ Cervical exam Date _____ Time _____
- □ **Fetal Heart Rate status** (specify) _____
- □ **Other:** _____

□ **Labor:**
- □ **Fetal Heart Rate status** (specify) _____
- □ **Pain Management** _____
- □ **Duration of Active Labor** _____
- □ **Duration of Second Stage** _____
- □ **Prolonged ROM** (>18 hours) _____
- □ **Labor History:**
  - Onset Latent Labor: Date_____ Time_____
  - Onset Active Labor: Date_____ Time_____
  - Onset Second Stage: Date_____ Time_____
  - Most Recent Cervical Exam: Date_____ Time_____
  - Membranes: □ Intact □ SROM □ AROM
  - ROM: Date_____ Time_____ Color_____
    Methods to confirm ROM:_____
  - GBS Status: □ POS □ NEG □ UNK Treatment:_____
  - Intrapartum Fever (T ≥ 100.4°F or 38°C) □ **YES** □ **NO**

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- Interventions: _____
  _____
  _____

☐ Other: _____

Birth and Immediate Postpartum History:

☐ **Vaginal birth** ☐ **Vaginal birth after cesarean**
☐ **Episiotomy**
☐ **Lacerations** ☐ Perineal ☐ Vaginal ☐ Labial ☐ Other:_____
☐ **Complications of birth:**
- ☐ Shoulder dystocia
- ☐ Retained Placenta
- ☐ Maternal Hemorrhage: Estimated blood loss _____ Medications _____
- ☐ Placenta delivery time, method _____Intact Placenta ☐ Y ☐ N
- ☐ Suspected Infection:_____
- ☐ Other:_____

Newborn:

- ☐ Abnormal tone
- ☐ Apnea
- ☐ Birth Defect
- ☐ Birth Injury
- ☐ Bradycardia
- ☐ Cyanosis
- ☐ Grunting, Flaring or Retractions
- ☐ Hypoglycemia, suspected
- ☐ Infection, suspected
- ☐ Jitteriness
- ☐ Seizure-like activity
- ☐ Tachypnea
- ☐ Tachycardia
- ☐ Temperature Instability
- ☐ Post Resuscitation Care
- ☐ Resuscitation measures
  - PPV
  - O2
  - Chest Compressions
- ☐ Current Respiratory status _____
  _____
- ☐ Other conditions: _____
  _____
  _____
  _____

Established Relationships: Maternity Care Provider _____ Pediatric Care Provider _____

Preferred Hospital _____ Maternity Unit Contact Info: _____

Additional Information:_____
_____
_____

Person Completing Form: _____ ***Date:***_____

Additional Documentation

It is anticipated that the transferring birth provider will bring additional appropriate records to the hospital copies, as applicable, such as:

- ☐ Prenatal records: Health history, prenatal visit flow sheet and notes, lab and ultrasound reports
- ☐ Labor records: flow sheets, progress notes
- ☐ Newborn records: flow sheets, newborn assessment, progress notes

Appendix F: Definitions

1. ***Collaboration:*** "Collaboration in health care is defined as health care professionals assuming complementary roles and cooperatively working together, sharing responsibility for problem-solving and making decisions to formulate and carry out plans for patient care. Collaboration between physicians, nurses, and other health care professionals increases team members' awareness of each other's type of knowledge and skills, leading to continued improvement in decision making." From: http://www.ahrq.gov/professionals/clinicians-providers/resources/nursing/resources/nurseshdbk/ODanielM_TWC.pdf

2. ***Debriefing:*** Debriefing is a structured conversation to review an event or activity where participants explore and analyze their actions and thought processes, emotional states, and other information to improve performance. Debriefing means getting everyone who was involved in an occurrence together for a few minutes after the procedure or event to discuss in a non-threatening manner what the team did well and to identify those areas where the team can improve. Even when an event or task has a favorable outcome, there is always room for improvement. Debriefing may occur as part of a *Professional Competence Review Activity*.

   Adapted from: http://www.harvardmedsim.org/_media/DASH.handbook.2010.Final.Rev.2.pdf and http://www.psqh.com/novemberdecember-2008/91-november-december-2008/278-debriefing-for-patient-safety.html

3. ***Doula:*** A doula is "A trained and experienced professional who provides continuous physical, emotional and informational support to the mother before, during and just after birth; or who provides emotional and practical support during the postpartum period." From: http://www.dona.org/mothers/

4. ***Emergency Medical Service (EMS) Providers:***

   a. *First Responder through EMT-Basic* – Assess patients and handle emergencies utilizing Basic Life Support equipment and procedures within their specific licensure level; have the ability to perform CPR, control hemorrhage, provide non-invasive shock treatment, emergency childbirth.

   b. *EMT-Intermediate* (EMT-I) –performs all of the EMT-Basic skills and use of equipment, plus IV/IO therapy; blood sampling; administration of medications in accordance with the Maine EMS Prehospital Treatment Protocols.

   c. *EMT-Critical Care* (EMT-CC) – performs all of the EMT-Basic and EMT-Intermediate skills and equipment use. Performs Advanced Cardiac Life Support (ACLS) procedures, such as advanced life support airway and other techniques approved by the Maine EMS Board.

   d. *EMT-Paramedic* (EMT-P) – Performs all EMT- Critical Care skills, plus capable of additional advanced airway support, and other practices approved by the Maine EMS Board. The EMT-Paramedic is the highest level of pre-hospital licensure. From: http://www.maine.gov/portal/search?q=cache:9xNF7K511HcJ:www.maine.gov/dps/ems/documents/PSE-FunctionalPositionDescription.pdf+advanced+airway&access=p&output=xml_no_dtd&ie=UTF-8&client=test_collection&proxystylesheet=test_collection&oe=UTF-8

5. ***Midwife:***

   a. The *International Definition of the Midwife is*: "A midwife is a person who has successfully completed a midwifery education programme that is recognised in the country where it is located and that is based on the International Confederation of (ICM) Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education;

who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery." From: http://www.internationalmidwives.org/who-we-are/policy-and-practice/icm-international-definition-of-the-midwife/

b. "*Certified Nurse-Midwives* (CNMs) are licensed, independent health care providers with prescriptive authority in all 50 states, the District of Columbia, American Samoa, Guam, and Puerto Rico. CNMs are defined as primary care providers under federal law." (From: http://midwife.org/Essential-Facts-about-Midwives) CNMs are defined in Maine Board of Nursing Rule as: "Certified nurse-midwife" (C.N.M.) means a registered professional nurse who has received post-graduate education in a nurse-midwifery program approved by the American College of Nurse-Midwives and who has passed the national certification examination administered by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council, Inc. (A.C.C.)." (From: http://www.maine.gov/boardofnursing/Administrative/Rules/Chapter%208.pdf)

c. "A *Certified Professional Midwife* (CPM) is a knowledgeable, skilled and independent midwifery practitioner who has met the standards for certification set by the North American Registry of Midwives (NARM)." (From: http://www.nacpm.org/what-is-cpm.html). CPMs are referenced in Maine statute as a "midwife [who] has met the certification standards of an international certification agency whose mission is to establish and administer certification for the credential of certified professional midwife or other certifying body recognized by the board." (From: http://www.mainelegislature.org/legis/statutes/32/title32sec13811.html) For more information go to: http://www.nacpm.org/Resources/nacpm-standards.pdf

6. ***Provider:*** A provider is a professional health care clinician providing services to health care consumers, without reference to the location of service or environment of care.

7. ***Professional Communication:*** Professional communication is the reciprocal interactive process by which information is exchanged and includes verification of understanding by each clinician about who is responsible for which aspects of an individual's care. Adapted from: ACOG Committee Opinion No. 517; *Communication strategies for patient handoffs,* 2012. http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Patient_Safety_and_Quality_Improvement/Communication_Strategies_for_Patient_Handoffs

8. ***Professional Competence Review Activity:***

   a. A Professional Competence Review Activity is defined by Maine state statute (24 MRSA Section 2502 (4-B)) to mean: study, evaluation, investigation, recommendation or action, by or on behalf of a health care entity and carried out by a professional competence committee, necessary to:

      i. Maintain or improve the quality of care rendered in, through or by the health care entity or by physicians;

      ii. Reduce morbidity and mortality; or

      iii. Establish and enforce appropriate standards of professional qualification, competence, conduct or performance. (*see* Appendix G)

9. ***SBAR:*** A brief communication format commonly used in healthcare settings which provides an overview of the **S**ituation, **B**ackground, **A**ssessment, and **R**ecommendations (SBAR). The SBAR process is useful for framing any conversation requiring a clinician's immediate attention and action. It allows for a clear and focused way to rapidly identify what needs to be communicated, communicate in a way that fosters

teamwork and create a culture of patient safety. Adapted from: *SBAR Technique for Communication: A Situational Briefing Model*. Kaiser Permanente of CO. 2011. http://www.ihi.org/knowledge/Pages/Tools/SBARTechniqueforCommunicationASituationalBriefingModel.aspx

10. ***Transport:*** The transfer of mother or baby from a home or freestanding birth center setting to a hospital setting specifically to access medical personnel, technology, and resources with the intent of optimizing outcomes for mother and baby. Adapted from: WA State Perinatal Advisory Committee. *Planned out-of-hospital birth transport guideline*. 2008. From: http://www.washingtonmidwives.org/documents/MAWS_PLANNED_OOH_BIRTH_TRANSPORT_GUIDELINE.4.24.pdf

Key to Acronyms and Abbreviations

ACC – American Certification Corporation
ACNM – American College of Nurse Midwives
ACOG – American Congress of Obstetrician Gynecologists
AROM – Artificial Rupture of Membranes
AWHONN – Association of Women's Health, Obstetric, and Neonatal Nurses
B-HCG – Beta-Human Gonadatropin
BP – Blood Pressure
CDC (Maine CDC) – Center for Disease Control and Prevention
CLC – Certified Lactation Counselor
CNM – Certified Nurse Midwife
CPM – Certified Professional Midwife
DOB – Date of Birth
DO – Doctor of Osteopathy
EBL – Estimated Blood Loss
EMS – Emergency Medical System
EMT – Emergency Medical Technician
EMTALA – Emergency Medical Treatment and Active Labor Act
ETA – Estimated Time of Arrival
FHR – Fetal Heart Rate
GBS – Group B Streptococcus
G, P – Gravida, Para
HX – History
ICM – International Confederation of Midwives
IV – Intravenous
JD – Juris Doctor
LMP – Last Menstrual Period
MANA – Midwives Alliance of North America
MD – Medical Doctor
MPA – Masters in Public Administration
MS – Masters of Science
MSN – Masters of Science in Nursing
MSPH – Masters of Science in Public Health
NACPM – National Association of Certified Professional Midwives
ND – Naturopathic Doctor
ND – No Date
NHCM – New Hampshire Certified Midwife
NARM – North American Registry of Midwives
O_2 – Oxygen
PPV – Positive Pressure Ventilation
ROM – Rupture of Membranes
RN – Registered Nurse
SBAR – Situation, Background, Assessment, Recommendation
SROM – Spontaneous Rupture of Membranes
UNK – Unknown
U/S – Ultrasound
VS – Vital Signs

Appendix G: Professional Competence Review Process

All parties are encouraged to participate in a transport review process as a part of the receiving facility's existing professional competence review activities. A Professional Competence Review Activity is defined by Maine State statute (24 MRSA Section 2502 (4-B)) to mean: study, evaluation, investigation, recommendation or action, by or on behalf of a health care entity and carried out by a professional competence committee, necessary to:

i. Maintain or improve the quality of care rendered in, through or by the health care entity or by physicians;
ii. Reduce morbidity and mortality; or
iii. Establish and enforce appropriate standards of professional qualification, competence, conduct or performance.

The professional competence transport review should take place while events and actions are fresh in people's minds, ideally within 48 hours of transport.

Such reviews must be confidential to encourage full and frank discussion among all participants and should be carried out in a non-judgmental manner that supports respectful dialogue, interdisciplinary exploration of shared processes, and shared learning.

The goals of the professional competence review are to maintain or improve the quality of care rendered during transport in an effort to reduce morbidity or mortality, and to identify specific processes in the transport that worked well and opportunities for improvement.

The optimal review occurs when:

- **A skilled facilitator** is available and utilized
- **Health care providers** are willing to
    - Debrief all transports to learn from each transport what works and identify areas for process improvement
    - Obtain a full picture of the transport by including EMS, Nursing, Home birth professionals, Physicians and other health care providers who participated in the transport
    - Apply an intentional step-wise process to begin the journey toward open trusting interdisciplinary dialogue
        - Set aside personal biases, past experience, and lack of trust
        - Be receptive to constructive feedback and explore opportunities for improvement
        - Avoid single-sided review
- **Legal and facility issues** are considered in advance
    - Speak to facility legal counsel regarding discoverability, content, and participants during quality improvement conferences

- Arrange and structure review(s) to take place within the facility's ***existing professional competence review activities*** as carried out pursuant to 24 M.R.S.A Sections 2502 and 2510-A.
- Ensure full and frank participation and discussion by maintaining confidentiality of professional competence review records
- Speak to facility legal counsel regarding discoverability, content, and participants during professional competence review activities
- Any non-credentialed or non-facility employed party should sign a confidentiality agreement to receive same protections for participating in review activity that Maine state statute affords credentialed and/or employed participants
- Create a facility plan for initiating the debriefing process within the context of a Professional Competence Review Activity

Examples of Discussion Points: (debriefing script)

- In one or two sentences describe the circumstances surrounding the transport? (Establish a starting point)
- What were the factors that led to transport? (Patient, provider, facility or system factors)
- What occurred over the course of the transport? (Factual sequence of events by location and type of provider)
- Was there a smooth transition of care? (Was the SBAR format used and was there effective communication and associated action?)
- Based on this review what could be done differently during a future transport? (Identify by topic, areas for exploration or improvement)
- Based on this review what should be done the same during a future transport? (Identify by topic, areas where positive change has occurred or been sustained)
- Summarize lessons learned and identify point person to address recommendations. (Identify by topic, action items or recommendations and individual(s) responsible for follow-up)

Review Resources:

1. Debriefing for Patient Safety http://www.psqh.com/novemberdecember-2008/91-november-december-2008/278-debriefing-for-patient-safety.html
2. Examining the Effectiveness of Debriefing at the Point of Care in Simulation-Based Operating Room Team Training http://www.ncbi.nlm.nih.gov/books/NBK43676/
3. Labor and Delivery: Debrief (Audio/Video item) http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/instructor/videos/ts_debrief_LandD/debrief_LandD.html
4. TeamSTEPPS http://teamstepps.ahrq.gov/

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

For Use by Any Party Using These Recommendations

Appendix H: Evaluation and Feedback on Tools Provided in the Maine CDC Best Practice Recommendations

The goal of these Recommendations is to facilitate safe perinatal transport by providing clinicians with tools to support communication and quality management. Your feedback is essential to maintaining the relevance of these Recommendations during the care and transport of newborns and women who are pregnant or postpartum.

1) Please identify which portions of the Recommendations you used during this transport?

- ☐ Transport Recommendations (for midwife or physician arranging transport)
- ☐ Best Practice Recommendations
  - ☐ Role of the Mother
  - ☐ Role of the Transferring Midwife or Physician
  - ☐ Role of the Emergency Medical Service Provider
  - ☐ Role of the Receiving Registered Nurse
  - ☐ Role of the Receiving Obstetrical or Pediatric Care Physician or Practitioner
- ☐ Brief SBAR Script for Phone Call initiating Transport
  - ☐ By EMS
  - ☐ To Hospital
- ☐ Brief SBAR Form for Recording Phone Call
  - ☐ Initiating Transport by EMS Dispatch
  - ☐ To Hospital regarding Transport
- ☐ Maternal/Neonatal Transport Form from Home or Freestanding Birth Center
- ☐ Definitions
- ☐ Professional Competence Review Process

2) The Recommendations were clear and understandable. ☐ Agree ☐ Neutral ☐ Disagree

3) The tools enhanced communication during transport ☐ Agree ☐ Neutral ☐ Disagree

Do you recommend any changes to the Recommendations? (please specify) _____

_____

_____

Comments: _____

_____

You may provide your name and contact information so that we may follow-up on recommendations or comments

Name:_____ **Contact Info:**_____

Please submit completed evaluations to the Maine CDC

Attention: Toni.G.Wall@maine.gov or Valerie.j.Ricker@maine.gov FAX 207-287-5355

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

For Use by Families Who Experience a Maternal or Newborn Transport from a Planned Home or Freestanding Birth Center Birth

Appendix I: Evaluation and Feedback about Transport Process

The goal of the Recommendations is to facilitate safe perinatal transport. The opportunity for personal evaluation and feedback of the ***transport process*** is essential to identify ways to improve the transport experience for families involved in the care and transport of newborns and women who are pregnant or postpartum. Completion of this form is optional.

Please tell us about you	**Circle One**		
Please tell us who you are:	Parent	Other Family Member	Family Friend
Please tell us who was transported:	Mother	Baby	Mother & Baby
Please tell us the planned birth location:	Home Birth	Birth Center Birth	Hospital
Please tell us about your experience	**Agree**	**Neutral**	**Disagree**
I was treated respectfully			
The information I was provided was clear and understandable			
Communication between professionals was clear and relevant to ensuring a safe and effective transport			
I felt supported during the transport process			
I felt supported during after the transport process			

What part of the transport process went well? (please describe) _____

_____

What part of the transport process could be improved? (please describe) _____

_____

Comments: _____

_____

You may provide your name and contact information for follow-up

Name:_____ **Contact Info:**_____

Please submit completed evaluations to the Maine CDC

Attention: Toni.G.Wall@maine.gov or Valerie.j.Ricker@maine.gov FAX 207-287-5355

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Best Practice Recommendations for Handoff Communication
During Transport from a
Home or Freestanding Birth Center to a Hospital Setting