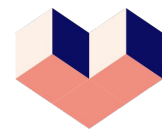
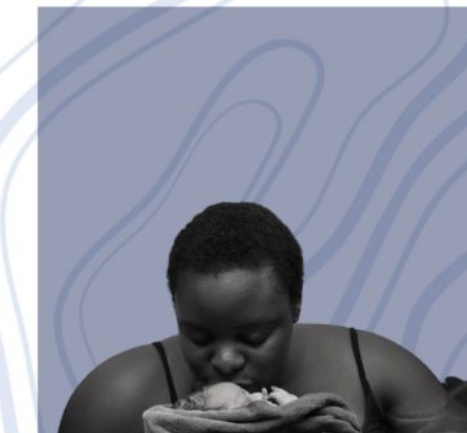


# A Birth Center Primer for Hospitals: Achieving Seamless Collaboration and Advancing Equity Through Community-Based Care



**Primary Maternity Care**  
Start here.



California Quality  
Collaborative

# Welcome!

## **A Birth Center Primer for Hospital Leaders:** Achieving Seamless Collaboration and Advancing Equity Through Community-Based Care



**Begins  
September 8th,  
register now to  
reserve your  
spot!**

 Primary Maternity Care

 **PB  
GH** California Quality  
Collaborative

A virtual series to help **hospital leaders** develop strategies to strengthen their relationships with **local freestanding birth centers** or establish a new center in their communities.

*This webinar series has been made possible with generous funding from the Skyline Foundation and partnership between CQC and Primary Maternity Care.*

# Today's Agenda

- Introductions + Housekeeping
- Meet our expert panelists
- Critical Concept Review
- Assessing Readiness and Tool Deep Dive
- Q+A

# Financial Disclosures

- With respect to the following presentation, there have been no relevant (direct or indirect) financial relationship between the presenters/activity planners and any ineligible company in the past 24 months which would be considered a relevant financial relationship.
- The views expressed in this presentation are those of the presenters and may not reflect official policy of Moses/Weitzman Health System, Inc. or its Weitzman Institute.
- We are obligated to disclose any products which are off-label, unlabeled, experimental, and/or under investigation (not FDA approved) and any limitations on the information that are presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.

# CME and CE Information

In support of improving patient care, this activity has been planned and implemented by Primary Maternity Care and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Through Joint Accreditation, credits are also available under the following body:  
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# Earn up to 6.5 CE credits through Weitzman Institute!



- Weitzman takes an innovative approach to CE Accreditation for Interdisciplinary Teams
- Register at <https://education.weitzmaninstitute.org/> to create an account with Weitzman Institute today!
  - Navigate to [A Birth Center Primer for Hospitals: Promoting Seamless Collaboration Between Hospital and Freestanding Birth Centers | Weitzman Institute Education](#) and register for the activity.
- Access recordings, decks, critical readings, and claim CE credits.
  - CE credits can only be claimed once to receive 6.5 credits be sure to attend all 6 sessions.

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# What is a Freestanding Birth Center?

- Both a **facility** and a **model of care**
- Staffed and equipped for **low-risk births**
- Located **outside and separate** from the hospital building
- Offers **midwife-led care** for the entire maternity episode
- Care designed **holistically** to address social, emotional, cultural, spiritual, psychological, and physical needs of its patients.
- See *Introduction* for a complete list of features present at freestanding birth centers.



# California Quality Collaborative (CQC)

**Advancing the quality and efficiency of the outpatient health care delivery system by creating scalable, measurable improvement.**

Launched in 2007, CQC is a **multi-stakeholder quality improvement program** of Purchaser Business Group on Health and is supported through core funding from health plans sharing a delivery system

CQC **identifies and spreads best practices** across the outpatient delivery system in California

The program **trains 2,000 individuals** from over 250 organizations each year

CQC's track record includes **20% relative improvement** in clinical outcomes and **10:1 ROI**

## Sponsors





# Primary Maternity Care



Our mission is to enable integrated, high quality reproductive and perinatal care by strengthening systems for patient engagement, quality improvement, value-based payment, and community-based care delivery.

- Service design and consulting firm founded in 2020
- Interdisciplinary team with independent and enterprise clients
- Generating tools and programs to implement, sustain, and scale high-value care models

[www.primarymaternitycare.com](http://www.primarymaternitycare.com)

# Project Staff and Facilitators



Brynn Rubinstein, MPH  
Project Director



Amy Romano, MBA, MSN,  
CNM, FACNM; Founder and  
CEO of Primary Maternity  
Care



Claudia Jennings  
Administrative,  
Operations and Billings  
Specialist



Jennifer Johnson, MS, CNM  
Clinical Operations Specialist



Alexa Dougherty, MSN, PHN, CNM  
Clinical Operations Specialist



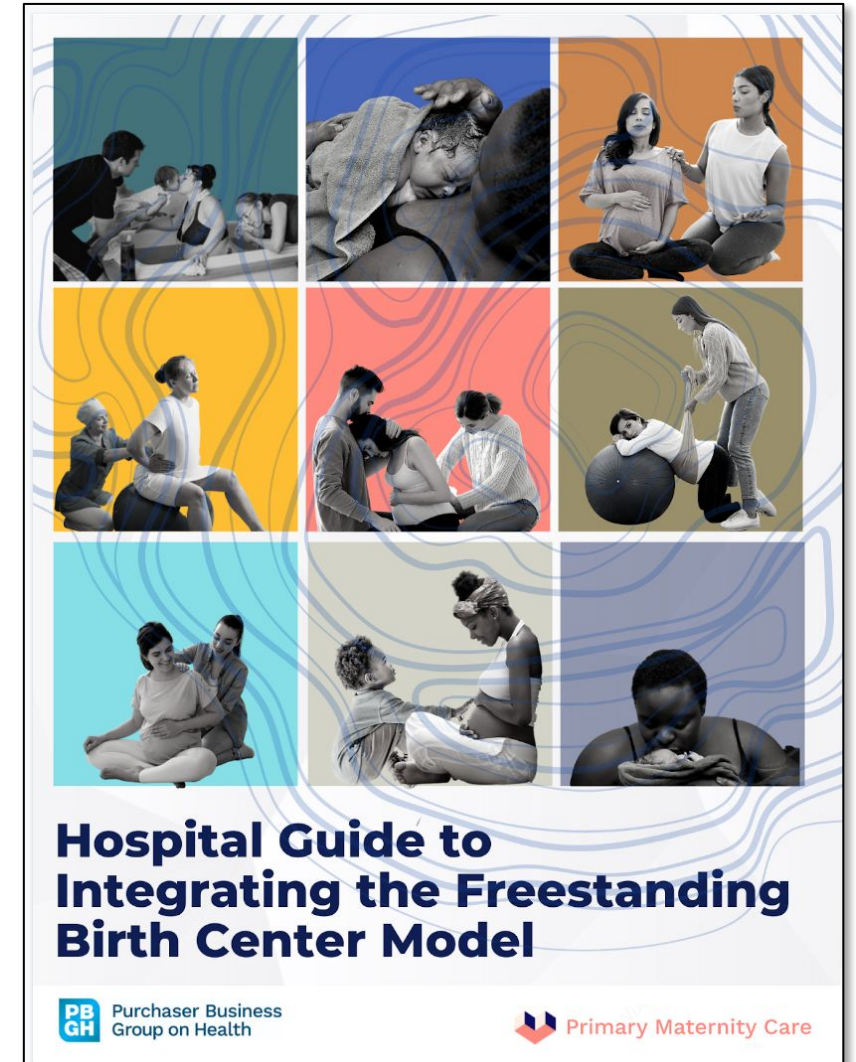
Julia Cogdell, MSW, LMSW  
Operations and Programs  
Associate



# Operationalize Concepts from the Hospital Guide to Integrating the Freestanding Birth Center Model

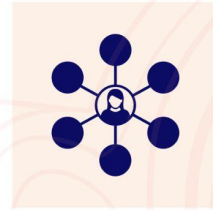
The guide is organized into **four sections** based on the lessons learned and expressed needs of hospitals and birth centers throughout the country:

- (1) Assessing Readiness for Birth Center Integration
- (2) Partnership or Ownership? Understanding Integration Approaches
- (3) Establishing and Maintaining Quality
- (4) Financial and Business Case Considerations



# Integration Resources

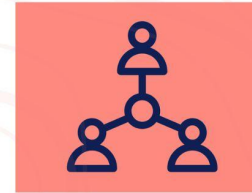
## Tools Highlight:



**Birth Center Stakeholder Map**  
Featured in: Assessing Readiness  
for Birth Center Integration



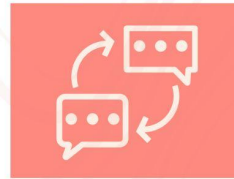
**Birth Center Job Descriptions**  
Featured in: Partnership or  
Ownership? Understanding  
Integration Approaches



**Staffing Model**  
Featured in: Partnership or  
Ownership? Understanding  
Integration Approaches



**Hospital-Birth Center  
Transfer Agreement Template**  
  
Featured in: Partnership or  
Ownership? Understanding  
Integration Approaches



**Birth Center Eligibility and  
Midwife-Physician  
Collaborative Care Guidelines**  
Featured in: Establishing and  
Maintaining Quality



**Birth Center Checklists**  
Featured in: Establishing  
and Maintaining Quality

**Available for  
download  
now!**

# Learning Series: 6 sessions designed to meet hospital needs and priorities

Session 1: Assessing Readiness and Centering Equity in Your Hospital's Birth Center Strategy

**Friday, September 8 · 1:00pm – 2:30pm EST**

Session 2: Developing Eligibility Criteria and Collaborative Care Guidelines

**Wednesday, September 20 · 6:00-7:00pm EST**

Session 3: Designing Transport Workflows and Maximizing Collaboration Across Facilities

**Tuesday, October 3 · 1:00 – 2:00pm EST**

Session 4: Beyond Transfer: Exploring Financial, Programmatic and Administrative Integration Between Birth Centers and Hospitals

**Thursday, October 19 · 2:00 – 3:00pm EST**

Session 5: Preventing and Learning From Sentinel Events

**Monday, October 30 · 3:00pm – 4:00pm EST**

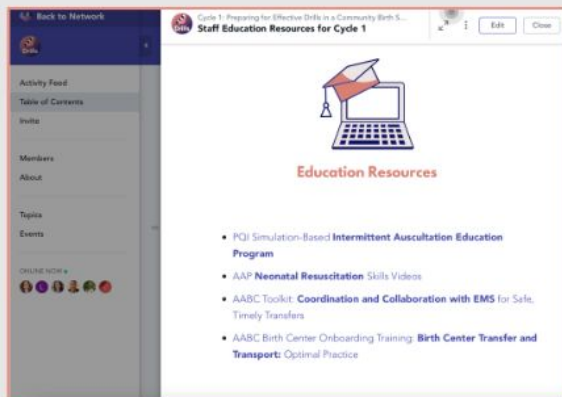
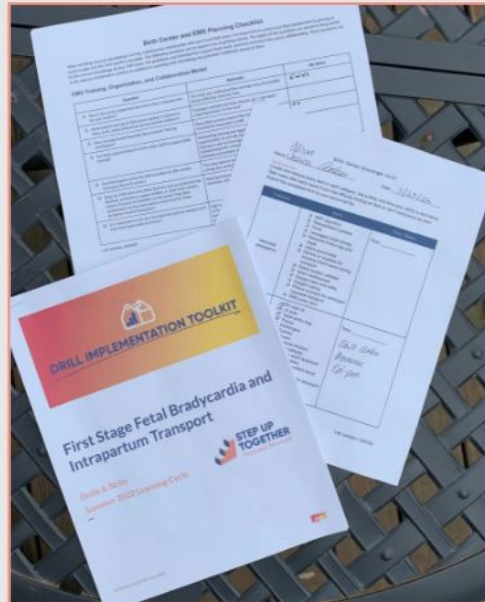
Session 6: Planning and Conducting Effective Emergency Drills for Community Birth

**Monday, November 13 · 4:00 – 5:00pm**

# Action Collaborative + Step Up Together

## Our Approach: Step Up Together Drills and Skills

- Cohort-based learning community
- Train-the-trainer program designed to help community birth leaders **prepare for, conduct, document, and debrief a team drill** on a specific clinical topic
- Includes **Drill Implementation Toolkit** with a written clinical scenario, debriefing guide, and related resources for continued clinical learning.
- Opportunities to come together for **Community Debrief** sessions to share experiences and spread lessons learned.



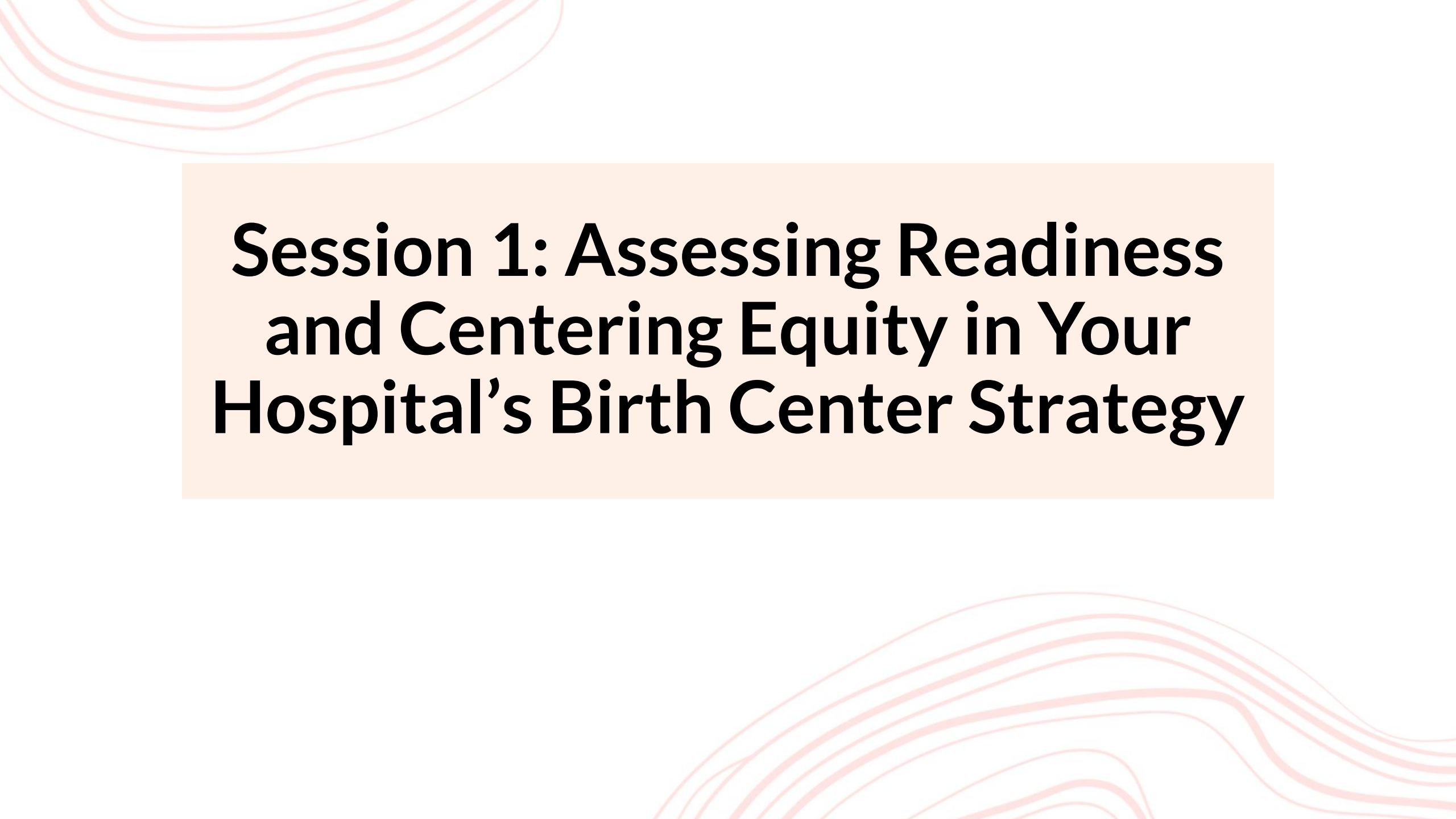
## Precipitous Birth with Postpartum Hemorrhage and Maternal Transport

Drill Package | September 2021

### Goals

This drill scenario is designed to:

- support critical thinking about management of a postpartum hemorrhage in the context of community birth
- foster team review of postpartum transfer process and readiness for precipitous birth
- build "muscle memory" for hemorrhage management skills
- enhance teamwork, communication, and care hand-offs



# **Session 1: Assessing Readiness and Centering Equity in Your Hospital's Birth Center Strategy**



# CME and CE Information

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# Session Objectives

1. Identify the importance and value of the freestanding birth center model and how integration with both the health system and the community improves outcomes and addresses health inequities
2. List at least 3 foundational elements of equitable and successful hospital-birth center integration
3. Identify stakeholders within their health systems and communities to engage in planning and implementing birth center integration activities
4. Select and use tools based on system's needs, priorities and readiness for birth center integration

# Session Concepts + Tools

## Concept Review

- Benefits of Integration + Collaboration
- Approaches to Integration
- Community Partnership as Cornerstone of Equity
- 5 Steps to Assessing Your Health Systems Readiness for Birth Center Integration

## Tools

- **PMC Template Stakeholder Planning Map**
- **Birth Center Equity**

# Introducing Expert Panel



Nashira Baril, MPH; Director and Founder of Neighborhood Birth Center



Dr. Pooja Mehta MD, MSHP, FACOG; Head of Women's Health, Cityblock Health, Boston Medical Center



Dr. Chris Morris, MD; Chief Medical Officer at Diana Health



Amy Romano, MBA, MSN, CNM, FACNM; Founder and CEO of Primary Maternity Care (facilitator)

# Why Embrace the Birth Center Model?

## Hospital Investment

- Meet growing demand for wellness-focused, personalized care with a tested model.
- Optimize services and resources across levels of care.
- Create a pipeline for ancillary and specialty services.

## Community Investment

- Safely address unmet demand for out-of-hospital birth.
- Build trust and support culturally responsive care for historically and currently marginalized communities.

## System Investment

- Restore access in maternity deserts.
- Transition to value-based payment.
- Support reproductive choice and autonomy.

# Why Integration Matters?



Promotes safety by ensuring seamless transition and transfer of care between providers, facilities, and/or levels of care



Provides a cohesive experience



Avoids duplication of services



Area of need and opportunity for growth

# Integration Approaches

## Partnership\*

- Work with existing birth center to ID way your hospital can expand or enhance birth center care to ensure seamless access to your health system's services

\*Preferred equity focused approach

## Ownership

- Use hospital/health system resources to:
  - Build a birth center *outside* existing maternity hospital
  - Purchase an existing birth center interested in selling



# Centering Equity in Birth Center Integration

Driving equity helps everyone



Work in partnership with community at every step



Approach birth centers as a trustworthy front-door to the health system for marginalized communities

## Acknowledge inherent power imbalance between hospitals + birth centers and practice power-sharing

- Physician privilege as support tool
- Mutual respect between hospital clinicians and birth centers striving toward a common shared vision: partnering to give patients a safe, respectful birth experience
- Not judging care or patient choices

# Panel Questions

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How does birth center integration help solve our maternal health crisis?

---

What are the foundational elements of equitable and successful hospital-birth center integration?

# Assessing Your Hospital's Readiness for Birth Center Integration

# 5 Steps to Assessing Readiness

**Get familiar with the birth center model**



**Learn about your community's needs**



**Determine how your hospital is positioned to meet these needs**



**Identify champions and skeptics**



**Bring it all together into a strategy**

# Step 1: Get familiar with the Birth Center Model

Tour a local center

You can search for birth centers at:

- *American Association of Birth Centers (AABC) Membership Directory*
- *Commission for Accreditation of Birth Centers Verification Tool*
- *Birth Center Equity*

Understand national standards and accreditation/licensure in your state

- *AABC's National Standards for Birth Centers*

Get to know local regulatory and compliance guidelines, such as:

- Midwifery and nursing licensure
- CLIA
- HIPAA
- OSHA

# Accreditation Vs. Licensure

<b>CABC ACCREDITATION</b>	<b>STATE LICENSURE</b>
Consistently applied in all states	Different in every state, including 10 states with no licensing mechanism
Aligned with AABC National Standards	May or may not be aligned with AABC National Standards or best practices.
Continuously updated based on multi-disciplinary review of new evidence	Not frequently updated. Many states' regulations are decades old.
Birth center-specific	May include requirements intended for more complex facilities or for hospitals, including highly restrictive Certificate of Need requirements.
Comprehensive, addressing: <ul data-bbox="580 1025 1172 1239" style="list-style-type: none"><li>• philosophy and scope of service</li><li>• planning, governance and administration</li><li>• human services</li><li>• facility, equipment, and supplies</li><li>• the health record</li><li>• research</li><li>• quality evaluation and improvement</li></ul>	May focus narrowly on the physical plant, infection control, and personnel practices with insufficient attention to emergency preparedness, quality of care, or compliance with clinical standards.

Accreditation and licensure work differently to drive quality, with broad variation in licensure practices

## Panel Question

---

In what critical ways does the birth center model differ from prenatal, birth, postpartum, and newborn care provided at your hospital or hospitals in your community?

# Step 2: Learn what your community wants and what care options are available

## **The community is an expert in its own needs.**

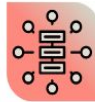
Work with local community based organizations to understand what patients desire from their care and hold it up against what you can offer in a hospital versus birth center model.



**Review available data** about service gaps and meet with community-based organizations that have data and insights about community priorities.



**Design and disseminate a short online survey** for pregnant and postpartum parents and/or existing patients about their birth preferences for insights into care patterns and trends.



**Host focus groups** with diverse groups of birthing people from your community.



**Set up a community advisory board** that meets regularly to offer input.



# Panel Questions

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Why do women and birthing people in your community choose birth center care? How did/would you assess their needs?

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What has your birth center or hospital done to ensure that your services are in line with expressed community needs?

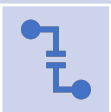
# Step 3: Determine how well positioned your hospital is to meet these needs



Honestly evaluate your hospital's ability to meet expressed needs of community.



Assess the midwife-friendliness of your hospital policies to determine the extent to which you have integrated midwifery and birth choices generally in your system.



Identify existing internal processes and structures from other service lines that can serve as models or lend support to the birth center integration process.



Finally, make your own list of the top challenges your hospital needs to address to successfully integrate a birth center and your top strengths that will support the process.

## Panel Question

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What are common signs that a health system is *not* ready to integrate the birth center model?

# Step 4: Identify your champions and skeptics

- Consider the *interests* and *concerns* from the perspective of each stakeholder (See [tool](#)).
- Reframe your ask.
- Educate using:
  - Data
  - Patient stories
  - Success stories
  - Myth busting

“Talk about it like, ‘This IS happening in our community. This EXISTS, and we will receive these transfers. What are we going to do about it? How will we collaborate to ensure we have processes in place for communication for transfer and transport when it is appropriate and necessary?’”

—Physician leader at referral hospital collaborating with an independent birth center

## Birth Center Stakeholder Planning Map

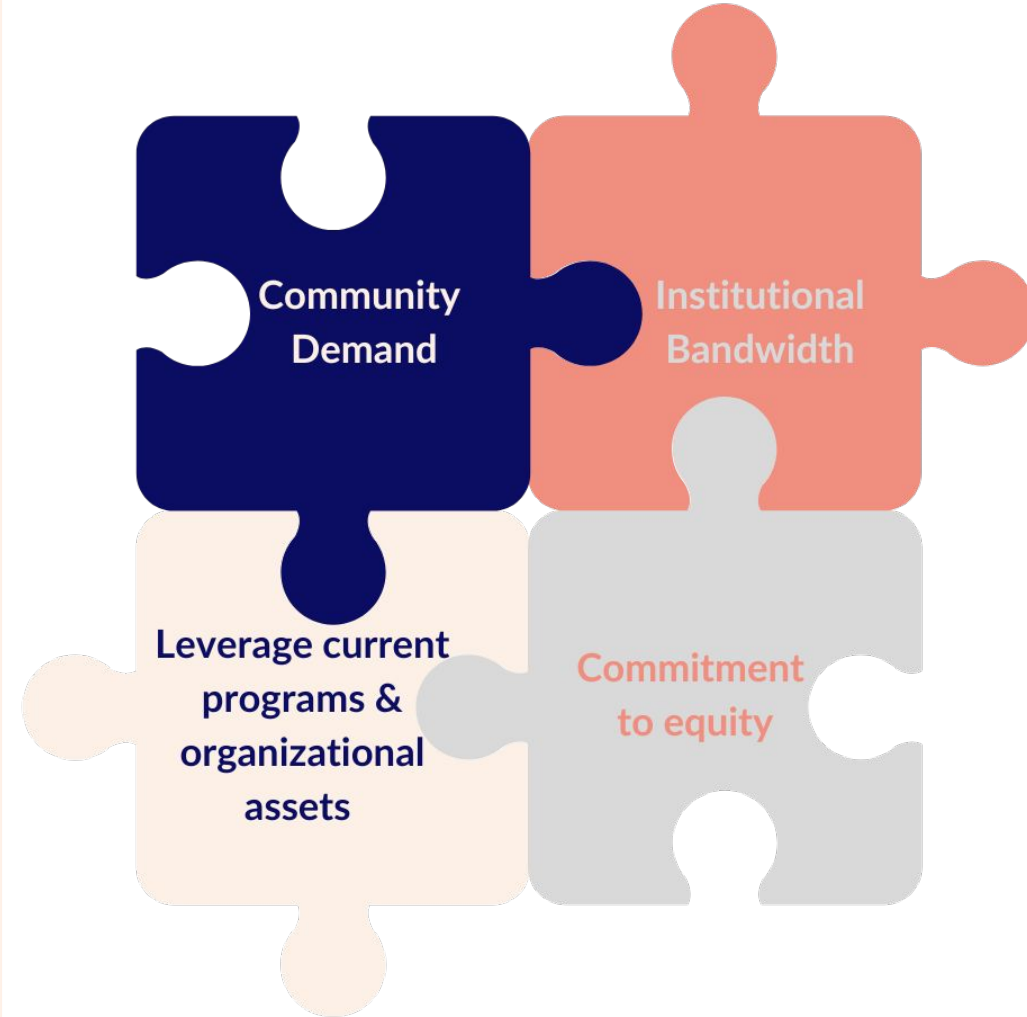
**Instructions:**

**Step 1:** Use the table below to systematically assess the concerns and interests of different stakeholders, and brainstorm approaches to address those concerns and interests.

Stakeholder	Interests	Approaches to <i>maximize</i> interest	Concerns	Approaches to <i>minimize or address</i> concerns
Private-practice OB-Gyns				
OB-Gyn hospitalists				
Hospital-based midwives				
Family physicians				
Residents				

## Step 5: Bring it all together and develop your strategy

- Compile the information you've gathered into frameworks that will help you assess the best timing and strategy for integrating birth center care
- Conduct a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis



## Panel Questions

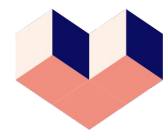
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What final thoughts do you have to help hospital leaders set themselves up for success?

Questions?

Contact us at:

[info@primarymaternitycare.com](mailto:info@primarymaternitycare.com)



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