

**NYSALM Quality Committee Report,
2016 Annual Report (Including January 2017)**

The work the **Quality Committee** focused this year on the Home Birth Integration Initiative, (HIIINY).

1. Outreach to NY Regional Perinatal Centers (RPCs) to invite participation with developing internal guidelines for receiving transfers from planned home births (PHBs).
 - a. Developed Outreach Project plan and materials.
 - i. Materials were vetted by multi-stakeholder Institute of Family Centered Childbirth of Rochester.
 - b. Sent to OB leaders at Strong and Highland Hospitals in Rochester, pilot project
 - i. Support of local community midwife on outreach team
 - ii. Support of internal ally, OB Unit Safety Nurse
 - iii. Met with leadership team from Strong and Highland, agreed to implement
 - iv. Policy developed and under review
 - c. Other RPCs identified with appropriate allies, outreach materials sent, ongoing
 - d. ACOG invited to participate, no response
2. Meeting with Department of Health
 - a. Seven members of the Department met with Karen and Kate on Dec 6th,
 - i. Dr. Marilyn Kacica, Perinatal Quality Collaborative, lead contact
 - ii. 30 min slide presentation, outlining PHB and our Outreach Project
 - iii. Brainstormed ways DOH can be supportive
 1. Webinar for use as outreach
 2. Talk to RPC group
 3. Meet with 3 Hospital Associations
 - iv. FU plan is to work on webinar in the short term.
3. Survey of PHB midwives re census for 2015, and identify hospitals that receive transfers
 - a. Survey sent to email list for midwives attending PHB in NY, approx. 70 LMs.
 - b. FU by research assistant by phone to non-responders: 80% response rate
 - i. Priority hospitals identified: 85 or approx. 2/3 of NY perinatal hospitals
 - ii. Hospitals that are bypassed due to problems with transfer reception: 39
 - iii. RPC, leaders in maternity care, are also bypassed: 8 of 17 RPCs
 - iv. LMs reporting access to collaboration for AP concerns: 93%
 - v. LMs reporting adoption partially or fully the NYSALM Guidelines for PHB: 78%
4. Identification and characterization of midwifery services for planned home births provided to religious minorities of Amish and Mennonite in upstate areas:
 - a. Communities cover large areas upstate; births total about 1/3 of home births in NY
 - b. Served by 16-18 birth attendants, mixture of community members, several of whom are CPMs, and "English", several of whom are CPMs. 5 CPMs total.
 - c. Only 2 LMs serve in 2 areas, several other LMs serve a smaller number of families.
 - d. Economy is such that steeply discounted fees are necessary for this community.
 - e. LMs have invited birth attendants to peer review, with 6-7 attending, esp the CPMs

- f. CPMs adopted the NYSALM Guidelines for PHB and have collaborative relationships.
 - g. Chiefs at Crouse and Strong support transfers from all midwives, and support the LM work and quality focus through mutual peer review with this group of birth attendants.
5. Peer Review standardization
- a. Peer review is recommended by ACNM and MANA
 - b. Upstate Home Birth Midwives Peer Review Consortium updated their Peer Review Guidelines, which outlines the process, sentinel events, and root cause analysis format.
 - c. This document has been reviewed by HIINY group, and recommended to other peer review groups around the state.
6. Conference presentations promoting the HIINY Project activities as models for others
- a. ACNM national conference, Karen presented 20 min slide show with 10 min discussion for two table talk rounds, re the NYSALM PHB guidelines and hospital outreach project
 - b. NYSPA state conference, Kate presented with Upstate Perinatal Center Chief MFM, Alex Spadola, re the NYSALM PHB guidelines and our outreach project to RPCs.
 - c. MANA national conference, Kate presented on using a “Quality Narrative” to gain power for addressing maternity system planners, purpose and how to develop comprehensive evidence-based PHB guidelines for collaboration, and RPC outreach project.
7. Finalizing the *NYSALM Best Practice Guidelines: Planned Home Birth in New York*, last step of the *IOM Guidelines for Developing Trustworthy Guidelines*
- a. Created Doodle Poll seeking feedback from guideline users, NY midwives serving at PHB
 - b. Responses by 15 midwife users and one MFM
 - c. The document is being used in a variety of ways to promote professionalism, i.e. assist creating practice guidelines, educating clients, inviting physicians to be collaborators, transfer coordination with hospitals, use in peer review for community standard of care
 - d. No midwives said the document was too restrictive, or was opposed to guidelines
 - e. One midwife said collaboration was not available locally
 - f. Several suggestions were made that strengthen the document
 - i. The document will be amended from the input and released as final in 2017
 - ii. VBAC access for women continues to be a concern for midwives serving at PHB
 - iii. Based on the evidence, NYSALM can't recommend VBAC at PHB, but does support the shared decision making process midwives undertake with clients.

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Legislative Committee

We had a successful Lobby Day on April 12, 2016 that ultimately resulted in the passage of the Birth Center Bill. Next step with this is working with NYSDOH to write the regulations appropriate for this change in the law allowing midwives to be the clinical director without the requirement for a medical director that is a physician.

By Laws Committee

At the Annual Meeting in October, the by laws were amended to allow for electronic voting. With that in place, the committee will meet in early 2017 to review current by laws and elaborate changes felt to be beneficial to the functioning of the organization. These will be presented to the BOD at the April meeting.

I am also on the Nominating Committee. If you get nothing from Mimi let me know and I will fill you in.

The 2016 finance report will be presented to the BOD at the February meeting as well as the proposed 2017 budget.

