

2017 Annual Report – NYSALM Quality Committee

Chair: Kate T Finn (Submitting report, 12-3-2017)

Members: Karen Jefferson, K Michelle Doyle, Julie Carlson, Susanrachel Condon, Umaimah Mahmud-Thiam, Khristeena Kingsley

Activities:

1. Completed review of the document, *Planned Home Birth in New York: NYSALM Guidelines for Best Practice*. In following the steps outlined in *IOM Guidelines for Developing Trustworthy Guidelines*, the update included surveying the midwives who have used the document since originally released in October of 2015, and incorporating that input and recent updates in evidence. The updated document is a consensus statement covering midwifery practice for routine care and the process and indications for collaborative care, that midwives can use with their clients and collaborators. Primary areas of change included:
 - a. Footnoting new evidence that VBAC at home for women who have experienced a prior vaginal birth can be safer than home birth for primiparas.
 - b. Highlighting the role midwives play in educationally preparing clients for potential transfers and promoting a team approach when transfers are necessary.
 - c. Adding a paragraph related to the ways midwives serving at planned home births have a unique role in providing access and person-centered care related to diversity and inclusion.
 - d. Shifting language usage identifying those seeking midwifery services for planned home birth to gender inclusive options as a fundamental step toward providing quality care for people who are frequently without care options which uphold their essential identities. This language transition followed the same IOM process, extensive research, and input from expert reviewers. Finding words for the document that midwifery consumers use for their own gender identities proved challenging, because there are no single words that are widely accepted which are encompassing of the spectrum of gender variations. While many good and challenging discussions were held, the group reached unanimity-minus-one related to these the language choices.
2. The work of outreach to Regional Perinatal Centers to assist the development of internal guidelines for receiving transfers from community-based birth had success at two centers, each process working a little differently:
 - a. Strong Memorial RPC in Rochester responded to an invitation to complete this work, convened a committee including a community midwives, developed a policy section embedded within their existing transfer guidelines related to affiliate hospitals. Thereafter, grand rounds were provided introducing the back ground of planned home birth and their new guidelines.
 - b. Maimonides RPC in Brooklyn invited a Grand Rounds presentation, and from there convened a safety committee, developed a new policy which they requested the community midwives also sign.

Outreach to additional RPCs is continuing, which requires patience and ongoing follow-up.