Midwives' Association of Washington State

MAWS Position Statement:
Planned Births at Home and in Freestanding Birth Centers
by Women Under the Primary Maternity Care of Midwives in Washington

Women choose to birth at home and in freestanding birth centers for reasons of safety and quality of care.
Quality of care indicators such as support for normal physiologic birth, lower intervention rates, provider continuity, and the ability to personalize care lead to high levels of satisfaction. These hallmarks of midwifery practice also enhance safety, and are among the primary reasons women choose to birth at home and at birth centers.

The safety of planned birth at home and in freestanding birth centers with midwives is supported by best evidence.
The best quality studies verify that planned birth at home and in freestanding birth centers with midwives results in excellent outcomes. Mothers experience lower rates of induction, epidural anesthesia, cesarean section, operative vaginal delivery, episiotomy and infection. Babies have lower incidence of prematurity, low birth weight, and resuscitation. Babies breastfeed longer and with less difficulty. Neonatal mortality rates for the newborns of healthy women are comparable between births in hospitals and births planned at home and in birth centers. Current Research Link

Women's right to choose planned births at home and in freestanding birth centers has overwhelming health policy support.
National and International maternal-child health organizations agree that quality birth services at home and in freestanding birth centers should be available for women who choose them. Such organizations include, but are not limited to:

- Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN)
- American Public Health Association (APHA)
- National Perinatal Association (NPA)
- Coalition for Improving Maternity Services (CIMS)
- International Confederation of Midwives (ICM)
- National Association of Certified Professional Midwives (NACPM)
- American College of Nurse-Midwives (ACNM)
- Midwives Alliance of North America (MANA)
- Childbirth Connection
- Royal College of Obstetricians and Gynaecologists (RCOG)

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Midwives licensed by Washington State are recognized as qualified primary maternity care providers and may offer planned births at home, in freestanding birth centers or in hospitals.
Midwives in Washington State are licensed, independent, primary maternity care providers as authorized by RCW 18.50 and RCW 18.79. Midwifery scope of practice includes comprehensive care or care coordination for women and newborns in birth center, home and hospital settings. Washington State Licensed Midwives (LMs) and Certified Nurse Midwives (CNMs) have typically attended state and /or nationally accredited midwifery programs or alternately have completed a course of study that was determined to be equivalent to WA educational standards as outlined by statute. All LMs take a written state and national exam after attending 100 births (and various other clinical requirements) under supervision and many are nationally certified as Certified Professional Midwives. All CNMs are nationally certified. Washington State law charges the Department of Health with assuring the safety of the public through the licensure, regulation, and discipline of licensed and certified nurse midwives. Most LMs offer planned births at home and/or in freestanding birth centers, a few have held hospital privileges. Most CNMs offer hospital birth, and a growing number offer planned births at home and/or in freestanding birth centers.

Midwives create a culture of safety by providing comprehensive maternity care.
Monitoring the physical and psychosocial wellbeing of mother and baby throughout the childbearing cycle is integral to midwifery care. The mother receives comprehensive prenatal care, as well as hands-on support and monitoring during active labor. Midwives also provide intensive postpartum attention; care for the mother and newborn at this important time includes help with lactation as needed. Care is focused on evidence-based support for normal physiologic birth. Interventions are available when clinically indicated. Midwives are trained to be experts in normal pregnancy, birth and postpartum. Midwives continuously assess risk and coordinate transfers of care as needed for women or babies who develop complications beyond their scope of practice.

Midwives facilitate quality care by engaging in a shared decision-making process with clients.
A pregnant woman's right to bodily integrity and self-determination is intrinsic to the midwifery and medical professions and is a foundational principle of organizations responsible for promoting quality maternity care. Shared decision-making is an extension of the ethical principle of autonomy. Evidence suggests that greater client/patient involvement in care results in improved health outcomes and higher levels of client/patient satisfaction. Midwives engage women and families in shared decision-making to promote the individualization of care. Likewise, licensed and certified nurse midwives determine their professional competencies and boundaries within their scope of practice and experience. A midwife honors the decision of a woman in her care as long as the following conditions are met:

- The midwife and the mother engage in a thorough process of shared decision-making. Clients may sign forms documenting the education, decision-making, and informed consent process.
- The decision does not require the midwife to break the law or to compromise her own personal or professional integrity thereby putting the midwife in a position of negligence.
- The mother demonstrates competence and willingness to accept responsibility for the potential risks and results of her decision.

Midwives use ongoing screening to promote healthy outcomes for mothers and babies.
The midwife exercises clinical judgment in the selection of candidates most likely to experience healthy outcomes when planning childbirth at home or in a freestanding birth center. The best candidates are

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women who are essentially healthy with a full term singleton fetus in vertex presentation. These women and their partners also demonstrate the knowledge, capacity, and judgment to choose a planned birth at home or in a freestanding birth center and to adapt to the changeable nature of pregnancy, labor, and birth for both mother and newborn. In the case of complications, model midwifery practice utilizes consultation, collaboration, or referral according to the midwife's clinical practice guidelines and the MAWS Indications for Discussion, Consultation, and Transfer of Care.

Midwives have collaborative relationships with medical providers and transfer to hospitals when additional care is clinically indicated.

The evidence for quality planned home and birth center birth services highlight the responsibility of the LM or CNM and the local obstetrical system to coordinate communication and transfer of care as needed to achieve optimal outcomes. As primary maternity care providers, midwives provide on-going screening for women and babies in their care. When conditions arise that warrant additional medical care, midwives facilitate the appropriate consultation, collaboration, or referral.

Clarification about consultation, collaboration and referral can be found in MAWS' Core Document: Indications for Discussion, Consultation, and Transfer of Care which define these interactions between midwives and other healthcare providers and also outline guidelines about when midwives refer for deviations from normal.

A small percentage of planned home and birth center births require transfer to a hospital during the intrapartum or postpartum period.

Transfers that are deemed to be urgent are made to the nearest, most appropriate hospital. Non-urgent transfers are made to the hospital chosen by the woman and the midwife as part of their prenatal planning.

See MAWS' Transfer of Care Guidelines for Planned Births at Home and in Freestanding Birth Centers (formerly known as *MAWS' Planned Out-of-Hospital Birth Transport Guideline*) for more details on this coordinated process.

To further enhance the safety of transfers of care from planned births at home and in freestanding birth centers, MAWS coordinates a project called *Smooth Transitions* which promotes inter-professional dialogue between WA midwives and hospital staff. *Smooth Transitions* is a project of the Washington State Perinatal Collaborative (WSPC). The WSPC is a community of public and private organizations, agencies and individuals committed to improving care and outcomes for pregnant mothers, newborns and infants.

> For more information about *Smooth Transitions* or to find out how your hospital can get involved, visit: http://www.washingtonmidwives.org/documents/Smooth-Transitions-Hospital-Transport-QI-Project.pdf.
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> For Current Research on Planned Birth at Home and in Freestanding Birth Centers, visit: http://www.washingtonmidwives.org/for-hcprofessionals/current-research-hc.html
>
> To read MAWS' Indications for Discussion, Consultation and Transfer of Care, visit: http://www.washingtonmidwives.org/for-midwives/indications-consultation.html

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