



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

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

Maine Center for Disease Control and Prevention



The Continuum of Care Workgroup

- * Convened by Dr. Sheila Pinette, Director, Maine Center for Disease Control and Prevention
- * Broad-based workgroup including
 - * CDC Staff (Physicians, Nurses, and Midwife)
 - * Facilitator
 - * Perinatal Health Professionals (Physicians, Nurses and Midwives)
 - * Consultants (Physicians, Paramedics)
 - * Legal representation

Workgroup Purpose

“Work collaboratively to enhance the choice, access, and safety of pregnant women, new mothers and their newborns by continuing to build on applicable best practice standards, in order that families that choose birth at home or in a freestanding birth center are provided the full spectrum of respectful and effective maternity care.”

Transport Communication Works

The ***Best Practice Recommendations for Handoff Communication during Transport from a Home or Birth Center to a Hospital Setting*** are intended to foster effective **communication** across settings and among interdisciplinary professionals who care for women and newborns transferred from a home or birth center to a hospital setting.

Goals for Transport Communication

- * Every woman and newborn deserves ready access to quality maternity and newborn care that
 - * **Is efficiently and professionally coordinated**
 - * **Is provided respectfully**
 - * **Addresses identified health needs**
 - * **Honors cultural and social preferences**

Recommendation and Tool Development Process

- * Broad perinatal literature review
- * Quality Patient Care in Labor and Delivery: A Call to Action
<http://www.acog.org/-/media/Departments/Patient-Safety-and-Quality-Improvement/Call-to-Action-Paper.pdf?la=en>
- * Transport Forms From:
 - * AWHONN
 - * NNEPQIN
 - * MMC
 - * Washington State
- * SBAR format for communication
- * Tools created through consensus

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Tutorial Audience

- * Midwives

- * Certified Professional Midwives (CPM)
- * Certified Nurse Midwives (CNM)
- * Traditional Midwives

- * Doctors

- * Naturopathic Doctor (ND)
- * Osteopathic Doctor (DO)
- * Medical Doctor (MD)

- * Emergency Medical System (EMS) Professionals

- * Dispatch
- * EMT - all levels
- * Paramedic

- * Nurses

- * Registered Nurse (RN)



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Introduction

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.

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.

Pre-Labor Transport Guidance

- * Provides guidance for a methodical approach when planning for birth at home and when initiating a transport, including
 - * Primary focus on provision and coordination of necessary care
 - * Engagement with the woman (or baby's parent) as a partner in the transport process
 - * Identification of key decision-points
 - * Identification and clarification of roles
 - * Handoff communication strategies, including SBAR

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



Best Practice Recommendations

- * **Purpose:** To provide communication guidelines for transfer from a planned home or birth center birth to a hospital setting.
- * The patient's welfare is central to professional communication and action among all involved personnel.
- * The SBAR format for communication is used to guide Handoff communication from community-based providers to hospital-based care 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 (Situation, Background, Assessment, Recommendation) 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.

EMS-Oriented Contents

- * Best Practice Recommendations
 - * Role of transferring Birth Professional
 - * Role of the EMS professional
- * Brief SBAR Script for Phone Call Initiating Transport by EMS
- * Brief SBAR Form for Recording Phone Call for Transport by Dispatch

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
- Dilatation and station
- Meconium
- Previous cesarean
- Estimated blood loss
- Medications
- Time of birth
- Apgar score
- Newborn resuscitation (describe)
- Estimated gestational age
- Other information (describe)



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: _____



Non-EMS System Medical Interveners

Thank you for your offer of assistance.

Please be advised that these Emergency Medical Technicians are operating under the authority of the State of Maine and under protocols approved by the State of Maine. These EMS providers are also operating under the authority of a Medical Control physician and standing medical orders.

If you are currently providing patient care,
you will be relinquishing care
to these EMS personnel **and their Medical Control physician.**

No individual should intervene in the care of this patient unless the individual is:

1. Requested by the attending EMT, **and**
2. Authorized by the Medical Control physician, **and**
3. Is capable of assisting, or delivering more extensive emergency medical care at the scene.

If you are the patient's own physician, PA, or nurse practitioner, the EMTs will work with you to the extent that their protocols and scope of practice allow.

From: Maine Prehospital Treatment Protocols, 2013. Page 132.

http://www.maine.gov/ems/documents/2013_Maine_EMS_Protocols.pdf



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Hospital-Oriented Contents

- * Best Practice Recommendations
 - * Role of transferring Midwife
 - * Role of the Registered Nurse
 - * Role of the OB or Pediatric provider
- * Brief SBAR Script for Phone Call Initiating Transport to Hospital
- * Brief SBAR Form for Recording Phone Call for Transport

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
- Previous cesarean
- Estimated blood
- Medications
- Therapies administered



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? Yes No Unknown

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

Mother's Name: _____ DOB: _____

G, P: _____ Therapies administered _____

Number of weeks pregnant _____

Significant prenatal history _____



Transport Form

- * Summary of essential information
 - * Demographic information
 - * Prenatal history
 - * Details of reason for transport
 - * Birth, postpartum and newborn history
 - * Complications and interventions
 - * Identification of established professional relationships with hospital-based professionals

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 _____
 - Presence of symptoms of severe preeclampsia
- Preterm Labor:** Frequency of contractions _____
 - Presence of bleeding or abnormal discharge



Definitions, Abbreviations and References

- * **Definitions** and a **Key to Acronyms and Abbreviations** are provided to support common understanding of terms, professions, credentials, and expectations
- * In-text citations are additionally cited in the list of references
- * **Live links** are included in the Definitions and the References for those who are seeking additional information

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.psgh.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 eme



Evaluation Processes

- * Guidance to support constructive non-judgmental interdisciplinary communication about the transport process through professional competency review activities
- * Evaluation form to support feedback from healthcare professionals about the utility of the Transport tools and guidance
- * Evaluation form to support feedback from families who experience a transport from a home or birth center birth

Post-Transport Review Process

“Professional competence review activity” means 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:

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

From:

<http://www.mainelegislature.org/legis/statutes/24/title24sec2502-2.html>

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



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		
	Parent	Other Family Member	Family Friend	Parent	Other Family Member	Family Friend
Please tell us who you are:						
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						



Summary

The Best Practice Recommendations for Handoff Communication during Transport from a Home or Freestanding Birth Center to a Hospital Setting were designed to

- * Reduce barriers to women seeking access to hospital care in the perinatal period
- * Provide a uniform approach to perinatal transport
- * Optimize perinatal outcomes through enhanced teamwork and seamless coordination of interprofessional care across settings

Thank You!

Birth is a significant life event for families.

Family preferences should be sought and honored whenever possible including during emergent situations.