Improving Access: An Out of Hospital Birth Project

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The Need to Focus on Out of Hospital Births

In 2007, 97.7% of newborns were screened for hearing loss.

- 1,073 Did Not Pass
  - 205 Typical Hearing
  - 81 Hearing Loss
  - 787 Lost to Follow-up
  - 38 Enrolled Early Intervention
  - 43 Not Enrolled

- 1641 Never Screened
Increasing Access to Hearing Screening for Out of Hospital Births

BUT FIRST……
Pre 19th century the majority of births in the US were midwife attended and occurred at home.
By the 1960’s, midwifery care was slowly displaced by physician/hospital care
A grass roots, consumer driven movement initiated a return of the midwifery model of care as a standard of maternal/infant health care.
What happened next?

Grassroots to licensure
Supporters organized
Education formalized
Professional organization
Licensure
Medicaid reimbursement (in some states)
Early 2000s – Present

- CPM 2000 study supports the safety of out of hospital birth
- There is gradually increasing cultural acceptance of out of hospital birth
- Licensure has secured Certified Professional Midwives place in the health care arena
- 27 states provide licensure for midwives working in out of hospital settings
- The number of women choosing out of hospital birth continues to increase
So now that you know that Licensed Midwives are part of the team...
History of Efforts in WI

- In 2001 WI Sound Beginnings Program and WI Guild of Midwives
  - Raised money for 2 hearing screeners to be shared by many midwives (ABR)

- Initial success
  - Near 100% acceptance

- Equipment challenges
  - Cost of calibration and supplies
  - Delicate
  - Erratic

- Lack of sustainable funding
2008 Hearing Screening Data

- **Total Home Births: 813**
  - Screened: 142 (17.5%)
    - Passed: 140 (98.6%)
  - Not Screened: 671 (82.5%)

*Total home birth count is based on the WI State Lab of Hygiene receiving a blood card for the child. WI’s EHDI tracking system is populated by the lab’s records and enables staff to track and follow up on babies who do not pass or are not screened. Babies without a blood card are not counted or viewable in the system.*
• Total Home Births: 865*
  – Screened: 66 (7.6%)
    • Passed: 63 (95.5%)
  – Not Screened: 799 (92.4%)

* Total home birth count is based on the WI State Lab of Hygiene receiving a blood card for the child. WI’s EHDI tracking system is populated by the lab’s records and enables staff to track and follow up on babies who do not pass or are not screened. Babies without a blood card are not counted or viewable in the system.
“...nurse-midwife licensed under s. 441.15, or certified professional midwife licensed under s. 440.982 who attended the birth shall ensure that the infant is screened for hearing loss before being discharged from a hospital, or within 30 days of birth if the infant was not born in a hospital.”
Need Established – Next Steps

• WI Guild of Midwives and WSB agreed to a two year contract
• EHDI Midwife Champion position established
• 10 screeners purchased with grant funds
  – OAE vs. ABR
• Series of trainings
  – EHDI education, OAE education, WE-TRAC training
11 Screeners have been placed to date. 10 purchased by WSB and 1 funded through a Children’s Miracle Network Grant.
Arrangements

• Guild owns the equipment
• 35 midwives have received training throughout the state
• One coordinator per piece of equipment
• Equipment is shared amongst midwives
• Flat fee agreed upon
  – One time fee of $10 per baby screened, regardless of practice size
Screening Protocol

- Prenatal education regarding hearing screen
- Identify risk factors and refer for ABR
- Opt-out requires signature
- Screen between birth and one week using OAE
- If refer, rescreen between two and six weeks
- If refer, arrange a follow-up appointment with a pediatric audiologist
- Results and referrals are entered in WE-TRAC
- Postnatal parent education
  - Developmental milestones for speech and language
  - Limitations of OAE screening
System Considerations

• Early adopters vs. technically unable
  – Created a DHS Out of Hospital queue for state management
  – State administrators can match providers with records as they become trained
  – Monitor cases for providers without internet access
Outcomes

- November 1, 2010 – January 31, 2011
- Births attended by WSB trained midwives
  - 105 births
  - 95 screened
  - 85 passed
  - Pass rate = 80.1%
- One month met
  - 78/105 = 74.7%
• Training helped midwives understand the reason for early screening and the impact of a missed diagnosis
  – SPICE
  – Midwives identified the need to establish a sustainable hearing screen program through their state professional organization
Lessons Learned

• Need for a champion
• Realistic timelines about purchasing
• Financial implications for small professional organizations
• Training program
  – Back up dates due to births, new providers constantly being trained
• Sharing and transporting screeners
Questions

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