

Improving Access: An Out of Hospital Birth Project

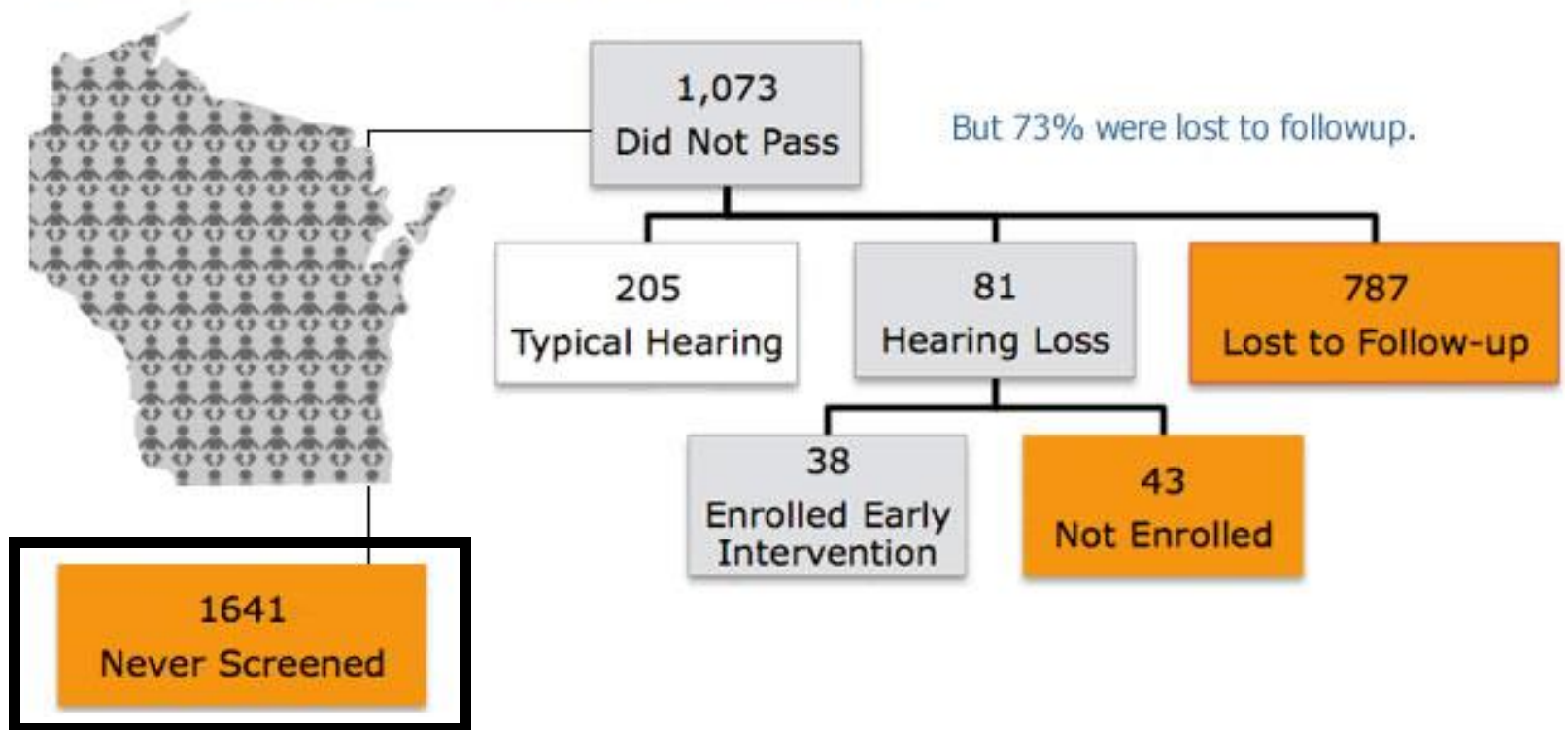
Gretchen Spicer, CPM LM

Megan O'Hern, Wisconsin Sound Beginnings



The Need to Focus on Out of Hospital Births

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



Increasing Access to Hearing Screening for Out of Hospital Births



BUT FIRST.....



Out of Hospital Birth Primer

Pre 19th century the majority of births in the US were midwife attended and occurred at home.



The Decline of Midwifery Care

By the 1960's, midwifery care was slowly displaced by physician/hospital care



1970s

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

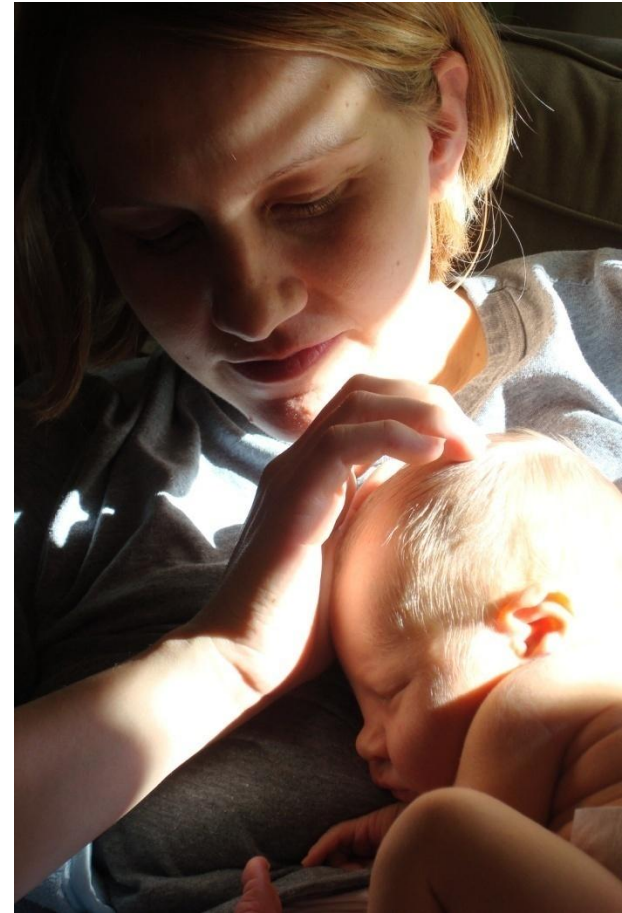


So now that you know that Licensed Midwives are part of the team...



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.*



2009 Hearing Screening Data

- **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.*



Act 279

“...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.”

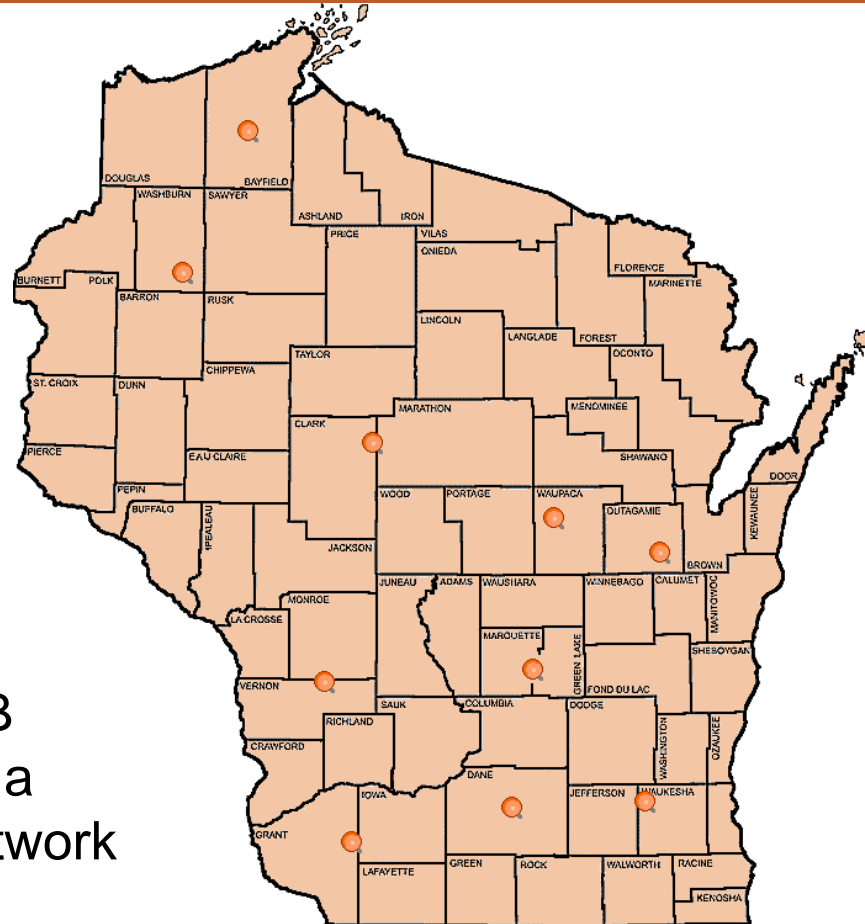


Need Established – Next Steps

- 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



Hearing Screening Placement



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
 - $78/105 = 74.7\%$



Outcomes

- 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

Gretchen Spicer CPM LM

gspicer@mhtc.net

608-532-6464

Megan O'Hern, WE-TRAC Project Manager

megan.ohern@dhs.wi.gov

608-267-9473

