



Alaska Birth Transfer Initiative: Best Practice Guidelines for Transfers from Community Births

Background and Purpose:

Alaska has the highest proportion of community births (planned home or freestanding birth center births) in the United States (US). In 2017, the proportion of community births was more than four times higher in Alaska compared to the US, 7.1% compared to 1.6% respectively.¹ Community births are safest when community birth providers are integrated into the mainstream health care system with seamless access to consultation, transfer of care, and emergency transportation when necessary.²⁻⁵

Every pregnant person has the right to safe and respectful care regardless of their chosen place of birth or birth attendant. The Alaska Birth Transfer Initiative is adapted with permission from Smooth Transitions, a quality improvement program from the Foundation of Healthcare Quality. The initiative aims to improve the process for transfers of care and emergent transports from planned community births and to enhance communication and collaboration among community and hospital birth providers.

The Alaska Birth Transfer Guidelines are based on the Home Birth Summit *Best Practice Guidelines: Transfer from Planned Home Birth to Hospital* and the *Utah Best Practice Guidelines: Transfer to Hospital from Planned Out-of-Hospital Birth*.^{6,7} The Home Birth Summit convened a multidisciplinary group of both community and hospital birth providers to develop evidence-based guidelines that identify important elements for policies related to transfer from a community to hospital birth setting and to promote high-quality care for pregnant people across birth settings.

Best Practices for the Community Birth Provider

- During the prenatal period, the community birth provider informs the client about hospital care and procedures that may be necessary and documents that a plan has been developed with the client for hospital transfer if necessary.
- The community birth provider notifies the receiving provider or hospital of the incoming transfer, reason for transfer, brief relevant clinical history, planned mode of transport, and expected time of arrival.
- The community birth provider continues to provide routine or urgent care on route, in coordination with any emergency services personnel, and addresses the psychosocial needs of the client during the change of birth setting.

- Upon arrival to the hospital, the community birth provider gives a brief verbal report to the receiving provider regarding the Situation, Background, Assessment, and Recommendations (SBAR). Report should be given directly to both the nurse and receiving provider when possible.
- The Alaska Birth Transfer Initiative Maternal and Neonatal Transfer Forms should be used to facilitate communication. Ideally, most information on the form is filled out prenatally or during labor. Relevant transfer information should be added at the time a transport or after arrival at the hospital. While a brief report to the receiving team will already have been given, completing as much of the form as possible is recommended to facilitate communication with the multidisciplinary hospital team members and to provide contact information for the community birth provider. The community birth provider should retain a copy of the transfer forms for their records.
 - *Please note that these forms are intentionally comprehensive to facilitate exchange of pertinent medical information that may be available. There is no expectation that the community birth provider will complete the form in its entirety as information may not be available at the time of transfer.*
- The community birth provider promotes good communication by ensuring that the client understands the hospital provider's plan of care and the hospital provider understands the client's need for information regarding care options.
- The community birth provider may continue in a primary role as appropriate to their scope of practice and privileges at the hospital. Otherwise clinical responsibility will be transferred to the hospital provider.
- The community birth provider may remain to provide continuity and support based on the client's wishes.

Best Practices for the Hospital Birth Provider and Staff

- Hospital providers and staff are sensitive to the psychosocial needs of the client that result from the change of birth setting.
- Hospital providers and staff communicate directly with the community birth provider to obtain clinical information in addition to the information provided by the client.
- Hospital providers and staff request the Alaska Birth Transfer Initiative Maternal or Neonatal Transfer Form from the community birth provider.
- The client and their newborn are kept together during the transfer and after admission to the hospital when possible.
- Hospital providers and staff participate in a shared decision-making process with the client to create an ongoing plan of care that incorporates the values, beliefs, and preferences of the client.
- If the client chooses, hospital personnel will accommodate the presence of the community birth provider as well as the client's primary support person during assessments and procedures. This includes allowing the community birth provider to be present in the operating room during a cesarean section.

- The hospital provider and the community birth provider coordinate follow up care for the client and newborn, and care may revert to the community birth provider upon discharge.
- Relevant medical records, such as a discharge summary, are sent to the community birth provider.

Best Practices for Hospitals and Hospital Systems

Hospitals should establish multidisciplinary perinatal transfer committees to:

- Develop standardized processes and guidelines for transfers of care and transport from community births using the Alaska Birth Transfer Initiative: Transfer Guidelines Template.
- Develop systems and processes for direct admission to the labor and delivery or pediatric unit when possible.
- Provide opportunities to debrief the case with providers and with the client prior to hospital discharge.
- Establish a process to regularly review transfers that includes all stakeholders with a shared goal of quality improvement and safety. This process is protected without risk of discovery according to Alaska Statute
- Provide opportunities for interprofessional continuing education and training that is relevant and includes local community birth providers.
- Facilitate distribution of AKPQC Birth Transfer Initiative surveys to the hospital provider, registered nurse, community birth provider, EMS, and client involved in a transfer from a planned community birth.

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