



Obstetrical Triage and Certified Nurse Midwives

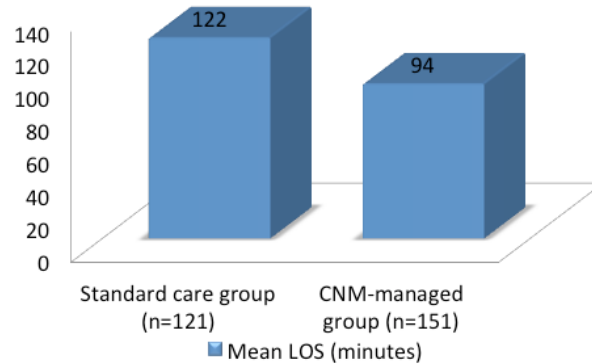




Problem Identification

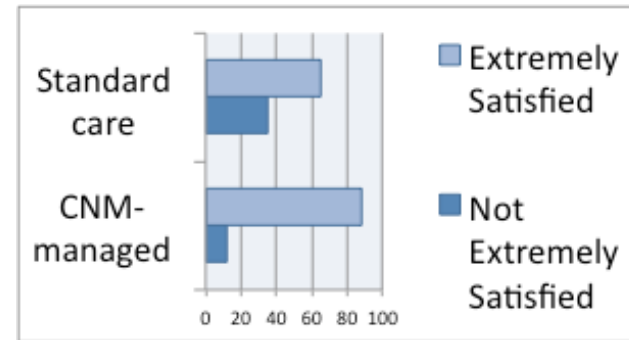
Strengths	Opportunities
<ul style="list-style-type: none"> •Support of the Department chair •Pilot site is familiar to CNM providers •Support staff familiar with providers and model proposal •Private providers supportive of pilot program •Similar model has been successful in other institutions •Patients receive care in more timely manner •Improve patient satisfaction •Improve workflow •Improve patient safety •Increase collaboration between physicians and midwives 	<ul style="list-style-type: none"> •Opportunity to develop CNM triage model that can be used at multiple locations throughout the Country •Opportunity for further research and publication •Potential to increase jobs for midwives •Potential to increase access to midwifery care for patients in the hospital setting •Opportunity to promote midwifery •The ability to obtain funding
Weaknesses	Threats
<ul style="list-style-type: none"> •Limited financial support for project •Reimbursement either goes to provider or hospital (there is an unwillingness to share profits) •Limited research on proposed project •Institution has dismissed similar proposals in the past 	<ul style="list-style-type: none"> •Hospital cannot support CNM salary, benefits, or malpractice •OBGYN department fails to allow pilot program •Private providers withdraw support •IRB fails to support pilot program •Patients may not want to participate •Midwife could change or lose employment

Project Results



Length of stay in obstetric triage unit ($p < 0.001$)
*****Resulted in 23% reduction in LOS*****

*****Overall triage experience ($p = 0.010$)**



Patient satisfaction with standard care and CNM-managed care
*****Patients in CNM-managed group were more satisfied at a clinically significant level in 5 out of 6 categories.*****



**Changing the Culture: A New Approach
for Managing Early Labor**

Project History/ Introduction



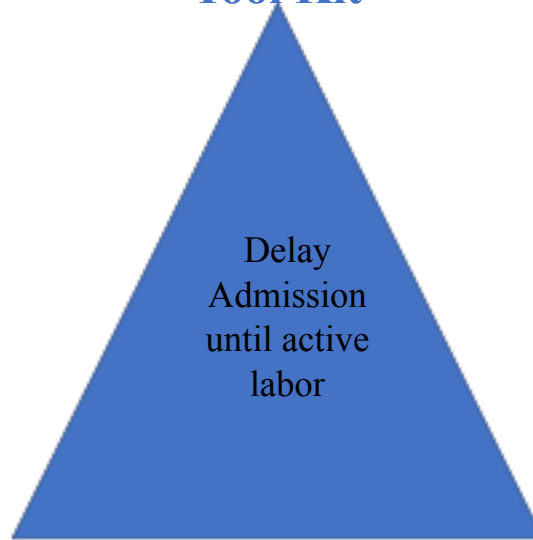
Strengths	Opportunities
<ul style="list-style-type: none"> •Support of administration •Interprofessional team collaborating together •Structured activities for couples to gain skills in early labor •Save labor rooms for women in active labor 	<ul style="list-style-type: none"> •Opportunity to lower c/s rate •Delay admission to the birthing unit until active labor •Opportunity to share our findings •Research
Weaknesses	Threats
<ul style="list-style-type: none"> •No evidence to support this model •1st early labor lounge in Country •What if it doesn't work to lower c/s rate 	<ul style="list-style-type: none"> •Legal issue surrounding admission status •Buy in from hospital staff and administration •Space constraints •Infection control •House keeping •Privacy concerns

Early Labor Bundle

20-week Early labor
Tool Kit



Early Labor Lounge
LABOR STEPs



Education Series

Preparing for
Childbirth



20 Week Early Labor Tool Kit

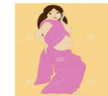


Get Ready!

South Shore Hospital LABOR STEPS for Early Labor



Registration



LABOR STEPS

1. Check in (ask questions)
2. Labor balls (early labor lounge)
3. Yoga mats for partner assisted positions and massage ; good for lower back pain (early labor lounge)
4. Nutrition Station- fuel up in early labor
5. Acupressure to lessen discomfort (Solarium -Maternal Special Care Unit)
6. Mindful meditation to reduce anxiety (lactation area-South Maternity ramp)
7. Hydrotherapy for comfort (shower in Maternal Special Care Unit)
8. Ambulate throughout Maternity unit, cafeteria (second floor), gift shop (main lobby), café (main lobby), outdoors (outside main lobby)



*Integrated Approach for
Providing Care to Pregnant
Women with Substance Use
Disorders*

Strengths	Opportunities
<ul style="list-style-type: none"> Support of Administration Ability to utilize underutilized spaces Evidence to support this type of model <ul style="list-style-type: none"> Women will receive all services at SSH Routine prenatal care Screening and management of co-occurring psychiatric conditions Initiation and management of buprenorphine Group therapy Care and support during labor and birth for pregnant woman and staff Postpartum care and contraception 	<ul style="list-style-type: none"> To provide a safe space for women with substance use disorders Opportunity to work collaboratively with midwives, MFM, neonatology, pediatricians, behavioral health, and nursing Develop a program that keeps pregnant women with substance use disorders in their infants in their community Reduce the morbidity and mortality of pregnant women and newborns by providing comprehensive evidenced based care for pregnant women with substance use disorders
Weaknesses	Threats
<ul style="list-style-type: none"> Current reputation caring for women with substance use disorders Clinicians feel ill equipped caring for this vulnerable population 	<ul style="list-style-type: none"> Lack of funding Women may choose to go elsewhere Unable to find providers to work in this environment

