

ACNM Clarity in Collaboration Concepts

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Concept Name	Definition
1. Midwife-Led Maternity Care	<p>A model in which prenatal, intrapartum, and postpartum care is provided by a midwife or team of midwives. They may use consultation and/or collaborative management in the care of the woman. They may also refer to other providers as needed.</p> <ul style="list-style-type: none">• May include a single midwife practice or a multi-midwife practice. No limit on the number of midwives.• The model does not include transfer of care in the antenatal period. Intrapartum transfer for cesarean section is included.
2. Interprofessional Collaborative Maternity Care	<p>A model in which prenatal, intrapartum, and postpartum care is provided collaboratively by an integrated team of maternity care provider types including at least 2 of the following: obstetricians, maternal-fetal medicine physicians, family practice physicians, midwives, nurse practitioners and physician assistants.</p>
3. Team Continuity of Care Model	<p>Care of pregnancy, labor, birth and postpartum performed by a coordinated team of providers who share a common philosophy and practice under common guidelines or standards.</p> <ul style="list-style-type: none">• Determined by practice administrator and reported in practice data section.• Applies to interprofessional collaborative maternity care models.

<p>4. Any Midwifery Care in Pregnancy</p>	<p>Any prenatal visits performed by a midwife, regardless of whether physician consultation, collaboration, or referral occurs during the course of care.</p> <ul style="list-style-type: none"> ● This would include group prenatal visits (eg:CenteringPregnancy). ● Care need not be provided by the same midwife at all visits.
<p>5. Any Midwifery Care in Labor</p>	<p>Any labor assessment and/or management performed by a midwife during the intrapartum care period resulting in a birth.</p> <ul style="list-style-type: none"> ● Includes midwifery triage assessment if the assessment results in intrapartum admission.
<p>6. Midwife-Attended Vaginal Birth</p>	<p>Vaginal birth performed or supervised by a midwife.</p> <ul style="list-style-type: none"> ● May include birth performed by students, residents or family/significant others with midwifery supervision. ● May include instrumental birth where a physician applies vacuum or forceps and then midwife performs the birth.
<p>7. Any Midwifery Care Postpartum</p>	<p>Any postpartum visits performed by a midwife, regardless of whether physician consultation, collaboration, or referral occurs during the course of care</p> <ul style="list-style-type: none"> ● This includes care during the immediate postpartum period and up to 6 weeks postpartum.
<p>8. Any midwifery care of the newborn between 24 and 72 hours of life</p>	<p>Any newborn care performed by a midwife between 24 and 72 hours of life, regardless of whether physician consultation, collaboration, or referral occurs during the course of care.</p> <ul style="list-style-type: none"> ● May include breastfeeding support and management of breastfeeding problems. ● May include circumcision.

	<ul style="list-style-type: none"> ● May include well-baby visits. ● May include newborn problem visits.
9. Any midwifery care of the newborn beyond 72 hours of life	<p>Any newborn care performed by the midwife beyond 72 hours of life, regardless of whether physician consultation, collaboration, or referral occurs during the course of care.</p> <ul style="list-style-type: none"> ● May include breastfeeding support and management of breastfeeding problems. ● May include circumcision. ● May include well-baby visits. ● May include newborn problem visits.
10. Consultation	<p>The process whereby a provider obtains the advice or opinion of another member of the healthcare team for a specific patient concern at one point in time. Following the consultation, the consultant does not assume ongoing responsibility for the patient's care.</p> <ul style="list-style-type: none"> ● This excludes routine "report" or an informal discussion that does not guide care.
11. Midwife-Physician Collaborative Management	<p>The process whereby a midwife and physician jointly define a plan of care for a woman or newborn with an identified risk factor or complication. The plan is then implemented in part or in whole by a midwife.</p> <ul style="list-style-type: none"> ● This excludes routine or courtesy care provided by a physician in the course of otherwise midwife-led care. ● Intrapartum collaborative management includes procedures performed by a physician in a vaginal birth or the immediate postpartum (e.g. instrumental vaginal birth, assistance resolving

	<p>shoulder dystocia, manual removal. of the placenta, or repair of a third or fourth- degree laceration).</p>
<p>12. Independent Midwifery Management</p>	<p>A clinical course of care not requiring consultation, collaboration, or referral, in which a midwife or group of midwives independently establishes and implements the woman's or newborn's plan of care.</p> <ul style="list-style-type: none"> • This may include care delivered under standards or policies developed jointly with collaborating physicians. • This excludes consultation, collaboration, referral, and transfer of care.
<p>13. Referral</p>	<p>The process whereby the provider directs the patient to another healthcare professional for management of a specific condition or for a specific procedure or service. The referring provider does not have an active role in implementing the care plan established by the referral provider.</p>
<p>14. Transfer of Care</p>	<p>Transfer of responsibility for a patient's care from one provider or group of providers to another provider or group of providers because the patient's condition falls outside the scope of practice of the transferring provider or because of the patient's preference.</p> <ul style="list-style-type: none"> • This includes cases when the transferring provider stays involved in a supportive role or performs duties that are directed by the receiving provider.

<p>15. Intrapartum Admitting Provider</p>	<p>The provider responsible for making the decision to admit the woman for intrapartum care that results in a birth</p> <ul style="list-style-type: none"> ● Admission includes the period of time that the woman is being cared for by a provider at home during planned home birth. ● In cases where intrapartum care begins at home or birth center and is transferred to hospital, the home or birth center provider is the admitting provider.
<p>16. Primary Maternity Care Provider</p>	<p>The provider who is responsible for addressing the majority of health care needs during pregnancy, birth, and the postpartum period. This provider ensures access to and coordination with other health care services, including pediatric care for the newborn.</p> <ul style="list-style-type: none"> ● This applies when the primary provider seeks consultation, collaboration and/or referral. ● This does not include transfer of care.
<p>17. Woman reports known provider at birth</p>	<p>Woman perceives that she knew the attending provider at birth prior to the labor.</p> <ul style="list-style-type: none"> ● This is a patient reported outcome. ● The woman defines what is meant by “knowing” the provider.
<p>18. Continuity of Maternity Care Provider Encounters</p>	<p>The number of prior encounters in the index pregnancy that the woman had with the midwife or physician performing the majority of clinical assessments in labor or the birth.</p> <ul style="list-style-type: none"> ● To be determined by constructing ratios with the numerator being the number of visits with each provider and the denominator being number of visits with all providers.

19. Maternity Care Coordination	<p>Plan of care, including facilitation of transitions, is developed, communicated and carried out by all members of the team as appropriate (as described by AHRQ).</p> <ul style="list-style-type: none">• This includes availability of maternity care records throughout the entire episode of maternity care as it is required for coordination.
20. Availability of Maternity Records	<p>Availability of the maternity care record throughout the entire maternity episode of care to all individuals directly involved in providing care to the woman or newborn.</p> <ul style="list-style-type: none">• This includes prenatal records being available during intrapartum care and prenatal and intrapartum records being available during postpartum care.• This includes both paper and electronic records.