

# 2014 ACNM BEST PRACTICE REPORT

## BY PRACTICE VOLUME

Births per year: Low volume <50, Low Moderate volume >50-<199, High Moderate>200-<499 High volume >500+

### Congratulations to the 2014 ACNM “Best Practices”

#### How do you become a “best practice”?

Best practices are named because the data reported by the practice is represented in the “top 3” of practices in that category. The purpose of naming “best practice” is to allow ACNM members to know which practices to contact if you are working on performance in a certain area. By networking with “best practices”, you can learn how to modify your practice processes to achieve better outcomes on quality indicators.

Best practice goals vary based on the indicator. For example, best practices in spontaneous vaginal birth are practices with HIGH spontaneous vaginal birth rates. The same is true for exclusive breastfeeding on discharge.

Other variables are looking for the top lowest performers. For example, the “best practices” for episiotomy are the practices that achieved the lowest rates of episiotomy. Cesarean section is another example.

#### How do I know which indicator to select for improvement?

When you look at **your portal report** (emailed June 26, 2015), you should be falling within the appropriate range of your colleagues. So, for example, if you are above the 75% range of your comparison group in episiotomy- there is a practice variance that suggests need for improvement. This suggests overuse of the procedure when you compare yourself to midwifery practices attending a similar number of births/year. Similarly, if you are in the lowest 25% of your cohort in spontaneous vaginal birth or breastfeeding, the data suggests that you can improve your performance. The ACNM Division of Standards of Practice Quality Section functions to build quality improvement capacity of ACNM member practices.

Please note- there are mixed risk status and mixed models within EVERY “best practice” category (e.g. high volume birth centers and low volume, high risk practices). Please avoid the initial temptation to assume “my practice” is different. We aim for excellence.

Please email the benchmarking workgroup to set up a meeting to discuss how to apply YOUR portal report and the best practice report.

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VARIABLE	LOW VOLUME <sup>1</sup>	LOW/MODERATE VOLUME <sup>2</sup>	HIGH/MODERATE VOLUME <sup>3</sup>	HIGH VOLUME <sup>4</sup>
<b>TOTAL NUMBER IN GROUP</b>				
<b>PERINEAL OUTCOMES</b>				
Q2: Rate of spontaneous vaginal births	***	Bella Vie Gentle Birth Center Great Expectations Birth Care Family Birth Center	New Birth Company OB GYN ASSOCIATES Silverton Health Midwifery & Women's Wellness	***** (Practice with highest rate declined to be published) Providence Medical Group Midwifery  Valley Women for Women
Q9: Primary c/s rate	**	Great Expectations Birth Care Family Birth Center Atlanta Birth Care Dar a Luz Birth & Health Center Bella Vie Gentle Birth Center	Midwifery Care of Monsey New Birth Company Wayne State University Physician Group	Henry Ford Hospital Detroit Midwifery Services at the GW MFA  ***** (Practice with lowest rate declined to be published)

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<sup>1</sup> <50 BIRTHS/YEAR

<sup>2</sup> >50-<199 BIRTHS/YEAR

<sup>3</sup> 200-<499

<sup>4</sup> 500+

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VARIABLE	LOW VOLUME <sup>5</sup>	LOW/MODERATE VOLUME <sup>6</sup>	HIGH/MODERATE VOLUME <sup>7</sup>	HIGH VOLUME <sup>8</sup>
<b>TOTAL NUMBER IN GROUP</b>				
<b>PERINEAL OUTCOMES</b>				
Q11: Number of women with an intact perineum (perineum is intact or has only small laceration(s) not requiring repair after birth).	406 Midwifery Local Care Midwifery, PLLC Martha Roth	M.A.M.A.S., Inc. Riverside Midwifery, LLC Atlanta Birth Care	Avalon- A Center for Women's Health Charleston BirthPlace Center for Fetal Diagnosis and Treatment	The Midwives at Boston Medical Center  University Hospitals Case Medical Center Division of Nurse-Midwifery  University Midwifery Associates
Q12: Number of episiotomies	**	**	Mountain Midwifery Center Beach Cities Midwifery & Women's Health Care HCC OB & Women's Health	University Midwifery Associates Intermountain Nurse- Midwives OU Midwives WomanCare, LLC
Q13: Number of women who experienced a 3rd or 4th degree laceration	**	**	Pine Ridge Indian Health Service Aurora Helath Care Lisa Ross Birth and Women's Center HCC OB & Women's Health Generations Women's Health Center	Chickasaw Nation Medical Center Maimonides Midwifery Faculty practice Erie Family Health

<sup>5</sup> <50 BIRTHS/YEAR

<sup>6</sup> >50-<199 BIRTHS/YEAR

<sup>7</sup> 200-<499

<sup>8</sup> 500+

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INFANTS				
VARIABLE	LOW VOLUME <sup>9</sup>	LOW/MODERATE VOLUME <sup>10</sup>	HIGH/MODERATE VOLUME <sup>11</sup>	HIGH VOLUME <sup>12</sup>
TOTAL NUMBER IN GROUP				
Q14: Number of infants from a singleton birth born at less than 37 weeks gestation.	**	**	The Birth Center Mountain Midwifery Center New Birth Company Best Start Birth Center	Paragon Health Associates Maimonides Midwifery Faculty Practice
Q15: Number of infants from a singleton birth born weighing less than 2500 grams.	**	**	New Birth Company Mountain Midwifery Center Olmsted Medical Center	Parkland Health and Hospital System Bay Area Midwifery Paragon Health Associates
Q16: Number of NICU admissions (any admission to a level 2 or level 3 nursery for any length of time) of infants born from a singleton birth.	**	**	Women's Birth & Wellness Center  Bay Area Maternity & Women's Health  Mountain Midwifery Center	Peterson Women's Associates Valley Women for Women CMG Women's Center

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<sup>11</sup> 200-<499

<sup>12</sup> 500+

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VARIABLE	LOW VOLUME <sup>13</sup>	LOW/MODERATE VOLUME <sup>14</sup>	HIGH/MODERATE VOLUME <sup>15</sup>	HIGH VOLUME <sup>16</sup>
<b>TOTAL NUMBER IN GROUP</b>				
Q19: Total number of women who attended their 6 week postpartum visit.	***	***	West Suburban Midwife Associates Midwifery Care of Monsey Women's Health Associates, LLC	Park Slope Midwives El Rio Birth and Women's Health Center UNC Midwives, Dept of OB GYN
Q20: Total number of women breastfeeding at their 6 week postpartum visit.	***	***	Bay Area Maternity & Women's Health Mountain Midwifery Center Midwifery Care of Monsey	UC San Diego Nurse-Midwifery Service El Rio Birth and Women's Health Center UNC Midwives, Dept of OB GYN

- \*\* Unable to establish “best practice” in sub-category 2/2 the number of practices reporting 0%
- \*\*\* unable to establish “best practice” in category 2/2 the number of practices reporting 100%

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<sup>14</sup> >50-<199 BIRTHS/YEAR

<sup>15</sup> 200-<499

<sup>16</sup> 500+

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VARIABLE	LOW VOLUME <sup>17</sup>	LOW/MODERATE VOLUME <sup>18</sup>	HIGH/MODERATE VOLUME <sup>19</sup>	HIGH VOLUME <sup>20</sup>
<b>TOTAL NUMBER IN GROUP</b>				
<b>RESOURCE UTILIAZATION</b>				
Q28: Number of inductions that occurred in your practice.	**	**	Mountain Midwifery Center Best Start Birth Center New Birth Company	Henry Ford Hospital, Detroit WomanCare, LLC CMG Women's Center
Q30: Number of epidurals used for pain relief during labor (includes intrathecal BUT excludes epidurals for the sole purpose of anesthesia for C-sections or assisted deliveries).	**	**	Mountain Midwifery Center New Birth Company Best Start Birth Center	Vanderbilt School of Nursing, West End Women's Health Center  Northwestern Memorial Physicians Group  El Rio Birth and Women's Center

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- \*\*\* unable to establish “best practice” in category 2/2 the number of practices reporting 100%

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<sup>18</sup> >50-<199 BIRTHS/YEAR

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