

2013 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 2013 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 May 27 2014), 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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2013 Best Practice Report

VARIABLE	LOW VOLUME ¹	LOW/MODERATE VOLUME ²	HIGH/MODERATE VOLUME ³	HIGH VOLUME ⁴
TOTAL NUMBER IN GROUP	25	61	79	66
PERINEAL OUTCOMES				
Q11: Number of women with an intact perineum (perineum is intact or has only small laceration(s) not requiring repair after birth).	Spokane Midwives Sedona Midwife Midwifery Services, PLLC, Hampstead	Tree of Life Birth & Gynecology Sage-Femme midwifery Baby's First Day	Aurora UW Midwifery & Wellness Center BirthCare HealthCare University of Utah Park Nicollet Clinic- Shakopee	University Midwifery Associates UNM Florida Women's Center Northern Navajo Medical Center
Q12: Number of episiotomies	**	**	Waimea Women's Center Park Nicollet Clinic- Shakopee Mountain Midwifery Center	HealthNet Community Health Centers Women's Health Alliance, PLLC University of Illinois Hospital & Health Sciences System
Q13: Number of women who experienced a 3rd or 4th degree laceration	**	**	**	Advanced Women's Health Specialists, Lake Mary Central Utah Clinic Women's Center Erie Family Health

¹ <50 BIRTHS/YEAR

² >50-<199 BIRTHS/YEAR

³ 200-<499

⁴ 500+

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INFANTS				
VARIABLE	LOW VOLUME ⁵	LOW/MODERATE VOLUME ⁶	HIGH/MODERATE VOLUME ⁷	HIGH VOLUME ⁸
TOTAL NUMBER IN GROUP	25	61	79	66
Q14: Number of infants from a singleton birth born at less than 37 weeks gestation.	**	**	New Birth Company Mountain Midwifery Center Birth Care & Family Health Services, Bart.	Womens Care, Pawtucket UMHS Nurse Midwifery Service The Birth Center, Philadelphia
Q15: Number of infants from a singleton birth born weighing less than 2500 grams.	**	**	New Birth Company Park Nicollet Clinic-Shakopee X	Swedish Covenant Medical Group Nurse Midwifery Practice, Chicago Borgess Womens Health
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, Chapel Hill New Birth Company Phoenix Indian Medical Center	Eisner Pediatric & Family Medical Center Aurora Nurse-Midwives UMHS Nurse Midwifery Service

⁵ <50 BIRTHS/YEAR

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⁷ 200-<499

⁸ 500+

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VARIABLE	LOW VOLUME ⁹	LOW/MODERATE VOLUME ¹⁰	HIGH/MODERATE VOLUME ¹¹	HIGH VOLUME ¹²
TOTAL NUMBER IN GROUP	25	61	79	66
Q19: Total number of women who attended their 6 week postpartum visit.	***	***	***	HealthNet Community Health Centers The Birth Center, Philadelphia Advocate Illinois Masonic Nurse Midwifery Practice
Q20: Total number of women breastfeeding at their 6 week postpartum visit.	***	***	Midwifery Services at The GW Medical Faculty Associates New Birth Company Birth Care & Family Health Services	The Birth Center, Philadelphia UCSD Nurse-Midwifery Service OHSU (Oregon Health & Science University)

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¹¹ 200-<499

¹² 500+

2013 Best Practice Report

VARIABLE	LOW VOLUME ¹³	LOW/MODERATE VOLUME ¹⁴	HIGH/MODERATE VOLUME ¹⁵	HIGH VOLUME ¹⁶
TOTAL NUMBER IN GROUP	25	61	79	66
RESOURCE UTILIAZATION				
Q28: Number of inductions that occurred in your practice.	**	**	New Birth Company The Childbirth and Women's Wellness Center, Clifton RHPN Reading Birth Center	Scripps Clinic HealthNet Community Health Centers The Birth Center, Philadelphia
Q29: Of the total number of inductions done by your practice, what number occurred prior to 41 weeks gestation?	**	**	Midwifery Services at The GW Medical Faculty Associates Cooley Dickinson Center for Midwifery Care	UCSD Nurse-Midwifery Service TriHealth Nurse Midwives Florida 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 Birth Care & Family Health Services, Bart. Fort Defiance Indian Hospital	The Birth Center, Philadelphia Women's Health Alliance, PLLC Northern Navajo Medical Center

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¹⁵ 200-<499
¹⁶ 500+

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VARIABLE	LOW VOLUME ¹⁷	LOW/MODERATE VOLUME ¹⁸	HIGH/MODERATE VOLUME ¹⁹	HIGH VOLUME ²⁰
TOTAL NUMBER IN GROUP	25	61	79	66
Q31: Number of women staying less than 12 hours after the infant's birth.	*	Tree of Life Birth & Gynecology Nativiti Women's Health & Birth Center JJB Midwifery	New Birth Company Special Beginnings Birth & Women's Center Mountain Midwifery Center	The Birth Center, Philadelphia El Rio Birth and Women's Health Center
Q33: Number of women who had a Cesarean birth and stayed more than 72 hours after the infant's birth.	**	**	**	Shenandoah Women's Healthcare Advocate Illinois Masonic Nurse Midwifery Florida Women's Center
Q34: Of the total number of women who gave birth in your practice, how many had an unplanned re-admission to a hospital within 6 weeks after delivery for any obstetrical reason?	**	**	**	The Birth Center, Philadelphia OHSU (Oregon Health & Science University) Penn OB/GYN and Midwifery

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VARIABLE	LOW VOLUME ²¹	LOW/MODERATE VOLUME ²²	HIGH/MODERATE VOLUME ²³	HIGH VOLUME ²⁴
TOTAL NUMBER IN GROUP	25	61	79	66
PRACTICE MEASURES				
Q37: Total number of outpatient visits per year	Shoshone Family Medical Center Marquette Neighborhood Health Center Scenic Drive Midwives	Generations Women's Health Center Family Born Midwifery & Women's Health Inanna Birth & Women's Care	Caring for Women, Denton Brockton Neighborhood Health Center Swedish Midwifery and Women's Health, Seattle	HealthNet Community Health Centers Bronson Women's Service HealthEast Nurse-Midwives

- * Unable to establish best practice in sub-category 2/2 number of practices reporting 100%
- * ** 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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²² >50-<199 BIRTHS/YEAR
²³ 200-<499
²⁴ 500+