2015 ACNM BENCHMARKING

BEST PRACTICES

How do you become a "best practice"?

Best practices are named based on the data reported by the practice being one of the top three practices in that category. The purpose of naming "best practice" is to recognize practices that are performing well. Perhaps more importantly, it gives ACNM members the opportunity to know which practices to contact to discuss how to improve performance. By networking with "best practices", you can learn how to modify your practice processes to achieve better outcomes on quality indicators.

To provide a fair comparison, practices are compared based on practice volume by number of births per year: **Low:** ≤ 50 , **Low Moderate**: 50 -199, **High Moderate**: 200-499, **High**: ≥ 500 births/ year.

Note: For some volume groups, it is impossible to determine best practice for certain indicators. In the low-volume group there are many practices achieving 100% breastfeeding rates and 0% cesarean birth rates.

How do I know which indicator to select for improvement?

When looking at the benchmarking report, the outcomes should fall within the appropriate range of colleagues in similar volume practices. For example, if your practice is above the 75th percentile of your comparison group in episiotomy, there is a practice variance that suggests need for improvement. This indicates overuse of the procedure when compared to midwifery practices attending a similar number of births/year. Similarly, if your practice is within the lowest 25% of your cohort in spontaneous vaginal birth or breastfeeding, the data suggests an opportunity to improve performance. The ACNM Division of Standards and Practice, Quality Section functions to support quality improvement activities 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 or unique. By contacting best practices, you may find that there is a similar practice achieving better outcomes.

Congratulations to the 2015 ACNM Best Practices!

Labor and Birth Outcomes					
Variable	Low Volume ≤ 50 births/year (n=32)	Low Moderate Volume 50 -199 births/year (n=60)	High Moderate Volume 200-499 births/year (n=99)	High Volume ≥ 500 births/year (n=94)	
Spontaneous Vaginal Birth Rate	• No Best Practice	 Family Birth Center St Claire Family Medicine North Houston Birth Center 	 Midwifery Care of Monsey WCC Greenville Midwifery Care & Birth Center 	 Valley Women for Women Congress Midwifery El Rio Community Health Center Providence Medical Group Women's Services Everett 	
Primary Cesarean Rate	• No Best Practice	 Family Birth Center Brooklyn Birthing Center Atrium OB/Gyn 	 Midwifery Care of Monsey WCC North Shore Associates in Gyne and OB 	 Valley Women for Women Midwifery Services at the GW MFA The Women's Care Center UMMC at Rochester Regional Health 	
VBAC Success Rate	• No Best Practice	No Best Practice	No Best Practice	 Baylor College of Medicine, Department of OB-GYN, Midwifery Section Midwifery Services at the GW MFA Westside Community Health Services 	
Rate of Cesarean Birth among Nulliparous women with a Term, Singleton baby in a Vertex position (NTSV)	• No Best Practice	 Wilders Women's Health Care M.A.M.A.S., Inc. North Houston Birth Center 	 Midwifery Care of Monsey Mountain Midwifery Center Northern Navajo Medical Center 	 Prima Medical Group Midwives of Marin Stony Brook Midwifery Practice Providence Medical Group Women's Services Everett 	
Rate of Postpartum Hemorrhage	No Best Practice	No Best Practice	 Family Care Health Centers Midwifery Care of Monsey Feather River Midwife Services 	 Florida Woman's Center The Women's Care Center UMMC at Rochester Regional Health Peace Health Midwifery Services 	
• No Best Practice: Unable to establish a "Best Practice" as all practices in the birth volume sub-category reported "0" or 100% per the variable.					

Perineal Outcomes						
Variable	Low Volume ≤ 50 births/year (n=32)	Low Moderate Volume 50 -199 births/year (n=60)	High Moderate Volume 200-499 births/year (n=99)	High Volume ≥ 500 births/year (n=94)		
Rate of women with intact perineum (perineum is intact or only small laceration(s) not requiring repair)	 Motherworks, LLC Heart Space Midwifery Mountain Miracles Midwifery, Inc. 	 Family Birth Center Riverside Midwifery, LLC M.A.M.A.S., Inc. 	 The Midwife's Place Avalon- A Center for Women's Health Capital Region Midwifery 	 Catawba Valley Medical Center Maternity Services Women's Care Florida Countryside OB/GYN Rose Midwifery 		
Rate of episiotomies	No Best Practice	• No Best Practice	• No Best Practice	 Intermountain Nurse-Midwives The Women's Care Center UMMC at Rochester Regional Health University of Rochester Midwifery Group 		
3rd or 4th degree laceration rate	No Best Practice	No Best Practice	• No Best Practice	 Athens Regional Midwifery and Women's Center Peace Health Midwifery Services Beth Israel Deaconess Plymouth OBGYN & Midwifery 		
• No Best Practice: Unable to establish a "Best Practice" as all practices in the birth volume sub-category reported "0" or 100% per the variable.						

Infant Outcomes					
Variable	Low Volume ≤ 50 births/year (n=32)	Low Moderate Volume 50 -199 births/year (n=60)	High Moderate Volume 200-499 births/year (n=99)	High Volume ≥ 500 births/year (n=94)	
Preterm Birth Rate (infants from a singleton birth born at less than 37weeks gestation)	No Best Practice	No Best Practice	 Mercy Birthing Center Mountain Midwifery Center Palo Alto Medical Foundation Santa Cruz 	 Midwifery Services at the GW MFA Midwives at Mount Auburn Hospital Summa Physicians Inc Paragon 	
Rate of Low Birth Weight (infants from a singleton birth born weighing less than 2500 grams)	• No Best Practice	• No Best Practice	 Southern Maryland Women's Healthcare North Shore Associates in Gyne and OB Mountain Midwifery Center 	 Midwives at Mount Auburn Hospital Baylor College of Medicine, Department of OB-GYN, Midwifery Section Mount Sinai Midwives 	
Rate of NICU Admissions of infants born from a singleton birth. (any admission to a level 2 or level 3 nursery for any length of time)	• No Best Practice	• No Best Practice	 HCC OB & Women's Health Southern crescent Women's Healthcare Saint Anthony Midwifery service 	 Parkland Health and Hospital System Woodhull Medical Center UMHS Nurse Midwifery Service 	
Exclusive Breastfeeding Rate first 48 hours	• No Best Practice	 Mercy Women's Health A Gentle Beginning River & Mountain Midwives 	 Upstate Midwifery & Gynecology Claremore Indian Hospital Mid-City OBGYN	 UC San Diego Nurse-Midwifery Service Oregon Health & Science University Nurse-Midwives Swedish Covenant Midwifery Group 	
• No Best Practice: Unable to establish a "Best Practice" as all practices in the birth volume sub-category reported "0" or 100% per the variable.					

Breastfeeding Outcomes					
Variable	Low Volume ≤ 50 births/year (n=32)	Low Moderate Volume 50 -199 births/year (n=60)	High Moderate Volume 200-499 births/year (n=99)	High Volume ≥ 500 births/year (n=94)	
Rate of Women who Attended their 6week Postpartum Visit.	• No Best Practice	• No Best Practice	Woman Kind MidwivesMidwifery Care of MonseyThe Childbirth Center	 Birth Care Vanderbilt School of Nursing (West End Women's Health Center & Melrose) El Rio Birth and Women's Health Center 	
Rate of Women Breastfeeding at their 6week Postpartum Visit.	• No Best Practice	• No Best Practice	 Midwifery Care of Monsey Mountain Midwifery Center UNC Midwives, Dept. of OB GYN, University of North Carolina 	 Oregon Health & Science University Nurse-Midwives UC San Diego Nurse-Midwifery Service Women's Healthcare Associates, LLC, Peterkort South 	

[•] No Best Practice: Unable to establish a "Best Practice" as all practices in the birth volume sub-category reported "0" or 100% per the variable.

Resource Utilization Outcomes						
Variable	Low Volume ≤ 50 births/year (n=32)	Low Moderate Volume 50 -199 births/year (n=60)	High Moderate Volume 200-499 births/year (n=99)	High Volume ≥ 500 births/year (n=94)		
Rate of Inductions	• No Best Practice	 Riverside Midwifery, LLC Great Expectations Birth Care Sage-Femme Midwifery 	 Mercy Birthing Center Swedish Midwifery and Women's Health Issaquah Mountain Midwifery Center 	 Midwifery Services at the GW MFA Peace Health Midwifery Services Birth Care 		
Rate of epidurals used for pain relief during labor (not including epidurals placed only for anesthesia for operative delivery)	• No Best Practice	No Best Practice	 Mountain Midwifery Center New Birth Company the childbirth center 	 Birth Care Peace Health Midwifery Services Midwifery Services at the GW MFA 		
Rate of women staying less than 12 hours after the infant's birth	• No Best Practice	Family Birth CenterMidwifery MattersNativiti Family Birth Center	 Mercy Birthing Center Mountain Midwifery Center New Birth Company	 El Rio Birth and Women's Health Center Peace Health Midwifery Services Shenandoah Women's HealthCare 		
Rate of infants who required length of stay that was longer than mother's	• No Best Practice	 Fair Haven Community Health Center Nativiti Family Birth Center Allen Birthing Center 	 Mountain Midwifery Center New Birth Company OMG Women's Healthcare 	 Health East Certified Nurse- Midwives Penn OB/GYN and Midwifery Care Shenandoah Women's HealthCare 		
Readmission rate for newborns within 6 weeks of birth	• No Best Practice	No Best Practice	 Caring For Women OMG Women's Healthcare Avalon- A Center for Women's Health 	 Bronson Women's Service Shenandoah Women's HealthCare Stony Brook Midwifery Practice 		
• No Best Practice: Unable to establish a "Best Practice" as all practices in the birth volume sub-category reported "0" or 100% per the variable.						

Practice Measures					
Variable	Low Volume ≤ 50 births/year	Low Moderate Volume 50 -199 births/year	High Moderate Volume 200-499 births/year	High Volume ≥ 500 births/year	
Total number of practices reporting at least one water birth	12	18	27	25	
Total number of practices reporting births of term infants with delayed cord clamping	13	20	15	7	
Total number of practices reporting that they provide care using the Centering pregnancy model	1	5	20	37	