Adapting Birth Center Policies as States Reopen

American Association of Birth Centers

Panelists

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Health Foundations Birth Center + Women’s Health Clinic

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Charleston Birth Place

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Seasons Midwifery & Birth Center

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Premier Birth Center
Policy Considerations as States Reopen

• Amy Johnson-Grass, ND, LN, LM, CPM

Health Foundations
BIRTH CENTER + WOMEN’S HEALTH CLINIC

Patient Guidelines

• Patients come to visits unaccompanied except for:
  – Mid-pregnancy ultrasound
  – 36 week prenatal visit
• Wear masks at all times when in the clinic. Partner + professional doula to wear mask at births.
• Continue modified prenatal schedule with combo of in-person + virtual visits.
• If travel outside of MN or on an airplane, must wait 2 weeks to return to clinic, virtual visits/support offered.
• Recommend all patients self-quarantine at 35 weeks in pregnancy.
COVID Recommendations to Patients

- Self-quarantine at 35 weeks in pregnancy so they go into labor + postpartum as healthy as possible.
- Practice physically distancing in their personal lives (maintaining a 6 foot distance from others).
- Do not return to indoor gyms or exercise classes. Consider outdoor, physically distanced or virtual classes.
- Wear masks while in public places.
- Encourage them to have a postpartum visitors plan and rules they share with friends and family. We ask that they don’t have contact with others outside those who were at the birth until after their home visit.
- Establish “social bubbles” with other families/people who are practicing similar health measures as they are.
- If choosing to eat at restaurants, eat on patios and avoid indoors. Consider only take-out until after pregnancy.
- Practice hand washing, etc.

Staff Guidelines

- Must wear a surgical mask and eye protection in clinic and births. Wear an N95 mask during second stage.
- Limit staff in clinic.
Staff Travel

- As people who interface with patients and provide care to pregnant people, I strongly feel it is our responsibility and commitment to be responsible in our own lives so we do not bring infection into theirs.

- We are also a small staff. Having a number of staff out means we would have to close the birth center. Any size outbreak in the office will adversely effect every staff person. Patient care would need to be transferred to other providers/facilities resulting in a substantial loss of income. The future of the birth center’s sustainability would be at risk.

- The CDC has added pregnant people to the list of people at higher risk of severe coronavirus illness. Pregnant women have shown higher rates of hospitalization, or admission to a hospital intensive care unit and of ending up on a breathing machine verses young women who weren’t pregnant.

Staff Travel

- CDC recommends that you avoid all nonessential international travel because of the COVID-19 pandemic.

- All non-essential domestic travel is strongly discouraged, as travel increases your chances of contracting or spreading COVID-19, according to the U.S. Centers for Disease Control and Prevention. If domestic travel is necessary, do so in accordance with guidance from the U.S. Centers for Disease Control and Prevention.
Staff Travel

• If staff fly on a plane, leave the State of Minnesota, or travel to “hot-spots,” they may be required to self-quarantine for 14 days prior to returning to work and/or be required to have negative results from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).

• Highly encouraged to avoid large groups. They are finding that social events and gatherings (weddings, parties, etc.), particularly where people aren’t wearing masks, are a primary source of infection. Then the secondary source of infection is workplace settings because the people who have been in these large groups are going to work and infecting those around them.

Charleston Birth Place

• Lesley Rathbun, MSN, CNM, FNP, FACNM
COVID-19 Impact

• South Carolina
  – Positive: 88,523
  – Dead: 1,647

• Charleston
  – Positive: 11,332
  – Dead: 154
  – Hospital: 211

CPB Precautions: Clients

• Telemedicine
• No mask, no entry
• Hand sanitizing
• Common areas closed
• 6 feet distancing
• 1 adult visitor for clinic
• Screening with thermometer
• No children
• 2 adult visitors for birth
• No entry if sick, or close contact with positive
• Classes restricted
• Swab required for IOL or CS
CPB Precautions: Staff

- Cloth or surgical mask in clinic
- Gloves for client contact
- Clean room and equipment after each visit
- N95 and face shield for birth
- Gown and breeder gloves for birth
- No specific restrictions for nitrous or water birth
- Unless symptomatic, report for work
- Positives may return 10 days after symptoms began or 3 days fever free, whichever is the longest
- Counseled behavior outside of work could put your and your peers’ job at risk

Clients with COVID-19 or Close Contact

- Refer to MUSC Covid Telehealth
- Telehealth prenatal appointments
- Refer to primary care or MUSC for Covid treatment
- Start LDA if not already taking
- May return 10 days after symptoms began or 3 days fever free, whichever is longest
- Asymptomatic carriers can return 10 days after positive
- Close contact can return after 14 days
- At term and positive for COVID-19 transfer to physician care
Telehealth

- Payor requirements
- Local regulations
- Platforms
- Consents
- Guidelines (P&P)
- Security
- HIPAA
- Technology
- Billing and coding

CBP Pearls

- Force of Nature
- EO hand sanitizer
- In-house testing cost to treat too expensive
- Miscarriages
San Francisco Birth Center

- Nancy Myrick, CNM, Director
- About 13 due dates per month (maximum)
- Up from about 8-10 per month pre-COVID-19
- Staff of 4 midwives (CPMs and CNMs)

COVID-19 in San Francisco

![San Francisco COVID-19 Response Chart]

- Data through 7/9/2020
- Updated daily, lagged for 3 days
- Learn about how this data is updated and validated daily
Mixed In-Person vs. Virtual Prenatal Visits

- **Prenatal:**
  - **Standard:** Combo of 5-8 Individual Visits and 8 Group Prenatal Visits
  - **Now:** all Group Prenatal Visits (20-36 weeks Gestation) are via Zoom
  - Try to have fetal assessment at least:
    - Once in 1st trimester
    - Twice in 2nd trimester
    - At 32 and 36 weeks
    - Every other week in last month
  - Virtual visits between
  - Give pregnant person the option to have more virtual visits

- **Postpartum:**
  - **Standard:**
    - Day 1, 3, 6 in home
    - 2 week and 6 week in the office
  - **Now:**
    - Day 1 and 3 in home
    - Day 6 virtual (if things are going well)
    - 2 week in home/virtual
    - 6 week office/virtual

Virtual Visit, or I Love Zoom/I Hate Zoom!

- Have all clients get a BP cuff (or loan one if needed)
- Do fetal assessment in lieu of FHTs
Group Prenatals

- Two hours of Zoom…
- Telemedicine Handbook
- Google form for clients
  - BP/Pulse
  - How are things going?
  - Questions

In-Person Prenatal Care

- Only pregnant person and partner (no siblings)
- Screening questions
- Everyone masked
- Temp check and hand washing on arrival
- No help-yourself tea/water/snacks
- Hand sanitizer everywhere
- Belly checks on wipeable table with paper
- Windows open (what happens when winter comes?)
Births: Before COVID-19

- As many people as you want!
- Families encouraged!
- We all shared air! And droplets!

Births: Masks and open windows

- Everyone except laboring person (and baby!) wears a mask
- Windows open
- Extra filter on nitrous machine
- Two support people (tiny bit flexible about this)
- EVERYONE stays in the room
- Midwives wear goggles/eye cover during birth
- Clothes changed before staff leaves birth center
Despite our best efforts…

Seasons Midwifery & Birth Center

- Closed model, opened in April of 2019
- Clinical staff = CNMs and RN birth assistants
- Our midwives have privileges at our partner hospital, we do not offer planned hospital births, we do manage late third trimester transfers and IP transfers
Seasms Midwifery & Birth Center

- Instituted in March
- Shared on social media as well as through our email newsletter.
- These new policies were developed between the CNMs and our RN Manager.
- In the clinic, all employees wear face masks.
- In the birth center, CNMs and RNs wear masks for 1st stage, then for 2nd stage we wear N95s and face shields. Also have isolation gowns for cases of multiple clients.

In the Clinic:
- Parking Lot Check: in families will check in while in their cars and will be directed when it is time to come in, directly to an exam room. This will limit large group gathering inside.
- Door screening to be placed for all who enter through the main entrance, anyone with a positive screen will not be allowed to enter.
- Please limit, as much as possible, the amount of guests/children you bring with you to your appointments.
- All education has been moved to a virtual format.

In the Birth Center:
- Currently no restrictions on your immediate birth support team, this pertains to who will be in the birth room with you.
- ALL laboring clients and support team members will be screened before entry to the birth center; positive screen will not be allowed to enter.
- The birth center waiting room is closed, no visitors that would only be in the waiting room.
- No children, including siblings, under the age of 12.

Seasons Midwifery & Birth Center

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Number of Deaths Among COVID Cases in Colorado by Date of Death

Case Rates Per 100,000 People in Colorado by County

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As a birth center, we serve a wide geographic area
Primarily 4 CO counties: Adams, Broomfield, Denver, and Weld
These 4 counties account for almost 20,000 of the CO cases
Of the number of deaths per county, Denver is the highest in the state, Adams ranks #4, Weld is #5, and Broomfield is #12

No significant changes yet to our birth center policies
We are not requiring laboring people to wear masks, some CO hospitals are requiring this
In the clinic, we are now allowing 1 support person, with a mask, to appointments
For 2 months, our CNMs did not go to the hospital with our transfers but we have resumed this now.
Our partner hospital, North Suburban Medical Center, has been the 5th busiest COVID-19 facility in the state (out of 100 hospitals).
Premier Birth Center Demographics

- Winchester Birth Center
  - Inside the “red” region of Virginia
    - Clients more inclined to be against wearing masks
    - Clients feel they are in a “low-risk” area
    - Midwives largely not concerned about exposure
- Chantilly Birth Center
  - Inside the “blue” region of Virginia
    - Clients very compliant with face covering requirements
    - Midwives are more cautious

Challenges

- Supply chain
- Communication – social media, staff meetings, drills
- Staffing
  - Clinical staff contingency plans
  - Administrative staff stretched thin
  - Conflicting messaging from non-staff healthcare providers
- Insurance billing for late transfers
- Hospital transfers
Opportunities

• Reflection on our old policies and review of our protocols
• Telehealth
• More telework for our staff
• Innovation for meetings and drills
• Reaching more people
• New relationships with hospital-based providers
• More collaboration with doulas

Impact

• Increase in census
  – Consults via Zoom
  – Total last year for both birth centers was about 200
  – Chantilly had about 100 births in 4 months (March through July)
  – Winchester not seeing much change in census until now
• Fewer hospital transfers (<7%), Fewer primary c/s (3.8%)
• People are very committed to avoiding hospital transfer
• More people declining postpartum visits
• More doulas, less childbirth education
Future

- Continuing to see large influx of clients
- Point of care testing pros and cons
- What about home birth?
- Uncertainty about hospital policies
- Likely increase in self-pay and Medicaid
- Supply chain for meds and PPE
- Need to keep our foot on the gas

Questions?