The Home Birth Summits:

Finding Common Ground to Transform Policy and Practice

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There is a wealth of research that suggests that planned home birth is safe for healthy women.

About 1% of women in the US have planned home births (that number is rising).

Home birth is controversial in the US with strong advocates for and against.

Women and families are ill-served by inter-professional conflict.
Home Birth Summit Goals

- Bringing Together the Maternity Care System
- Finding Common Ground
- Taking Action
Home Birth Summit 2011

- Future Search
- Stakeholders
- Goals
Supports stakeholders from diverse, often opposing, viewpoints to untangle complex, social, economic, technological and environmental issues and challenges.

Known internationally for brokering lasting agreements, shared initiatives, ongoing collaborations.
The Stakeholders

- Nurses, midwives
- Physicians
- Doulas, Childbirth Educators
- Researchers
- Advocates, Consumers
- Lawyers, Liability Specialist
- Insurance companies (payors)
- Legislators and Policy Makers
- Ethicists
- Hospital Administrators
Planning the Summit

- Vetting Stakeholders
  - Meticulous, intentional, iterative process
  - Ability to authentically engage in dialogue regardless of affiliation or expressed stance
  - In positions of influence and authority as well as highly qualified
  - Balance of pro, con, neutral
Summit Goals

- To address our shared responsibility
- To find common ground
The Process
The Process
Stakeholders

What are you doing?
You not doing?
Common ground
Are there new opportunities?

OB/FP

Policy

Public Health, etc.

Collaborators

Educators

Midwives

Consumers & Advocates

Groups

Ethics

Models/Systems

Mental Health
Common Ground Statements

- Autonomy & Choice
- Inter-professional Collaboration & Communication
- Reduction in Health Disparities/Equity in Access to Care
- Consumer Engagement & Advocacy
- Regulation & Licensure of HB Providers
- Inter-professional Education
- Liability Reform
- Research, Data Collection, Knowledge Translation
- Physiologic Birth
Home Birth Summit 2013 provided an opportunity to share progress and continue the dialogue.

Home Birth Summit 2014 provided further opportunity to dialogue and share progress. At this Summit there was discussion of research and research initiatives.

At each Summit additional delegates were invited.
ACOG revised their statement on planned home birth supporting women’s right to choose their place of birth (20016, 20017).

Best Practice Guidelines: Transfer from Planned Home Birth to Hospital endorsed by all midwifery organizations and 30 other organizations, including ACOG.

Special Issue of the Journal of Clinical Ethics on Planned Home Birth Fall 2013.

Institute of Medicine meeting on Place of Birth in March 2013.
Physiologic Birth Initiatives from Major Organizations

- AWHONN Go the Full Forty
- ACNM BirthTool Kit 2014
- Lamaze International updated Six Healthy Birth Practice papers
Lancet Series on Midwifery  June 2014

ACNM/ACOG Joint Statement on collaborative practice with both nurse midwives and certified professional midwives

The US Midwifery Education, Regulation, and Association (US MERA) Workgroup met in April 2014 to continue discussions on how to expand access to high quality midwifery care and physiologic birth for women in all birth settings in the US.

Ongoing work of all midwifery organizations (MERA) to agree on competencies and standards of practice for all midwives.

Hormonal Physiology of Childbearing Report released
More Outcomes

- MANA Stats registry 2.0 dataset.
- Developed a prioritized 5-10 year research agenda on birth place in the US.
- Annotated bibliography on home birth research (2013)
More Outcomes

- ACOG/SMFM Joint Statement, Safe Prevention of Primary Cesarean 2014
- ACOG statement, Approaches to Limit Interventions in Labor, 2017
- Giving Voice to Mothers, ongoing
The model of finding common ground among stakeholders of influence and authority holds promise as a creative and effective way to find solutions when there are competing interests that make evidence based policy and practice change difficult.